

Elements that Contribute to Staff Nurses' Commitment
to Lifelong Professional Development

Leslie Gillies, R.N., B.Sc.N.

Department of Graduate and Undergraduate
Studies in Education

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St. Catharines, Ontario

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Abstract

This research explored the elements that contribute to staff nurses' commitment to lifelong professional development. This exploration has been undertaken to provide insights into those factors that motivate individuals to continue their education for professional development and for clinical practice improvement. This study was conducted in an acute care hospital in Southern Ontario, and investigated the thoughts and experiences of health care staff working within that setting.

A qualitative case study was undertaken which involved the collection of interview, document, and class observation data. Two exemplary clinical nurse educators and two motivated, professionally committed staff nurses were interviewed during the study. Teaching document review and observation of classes involving the clinical nurse educators were conducted to facilitate triangulation of findings with data sources and strategies. These participants provided rich data that were captured in field notes and coded for conceptual meaning.

Emerging from the data were the identification of three major elements of influence that contribute to staff nurses' commitment to lifelong professional development. Identified within the three intersecting spheres of influence upon staff nurses' lifelong commitment to professional learning were the environment, the clinical nurse educator, and the staff nurse. This research explored the intersecting spheres of influence and the elements within the partnership model of professional education for staff nurses.

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CHAPTER ONE: THE PROBLEM

This is a study of the elements that contribute to staff nurses' commitment to lifelong professional development. Factors that motivate individuals to continue their education for professional development and clinical practice improvement are explored. This exploration has been undertaken in order to provide insights into those factors that motivate individuals to continue their education for professional development and for clinical practice improvement.

Background of the Problem

In Ontario, the College of Nurses has recently mandated the need for nurses to complete a professional portfolio outlining individual continuing education similar to the process followed in the United Kingdom. The College of Nurses accepted and implemented a system that mandates continuing education as a condition for relicensure. It is unknown how this change will affect motivation levels amongst Ontario nurses at a time when nursing jobs are being threatened through hospital restructuring. This change may result in the encouragement of nurses to "take charge," or it may actually decrease engagement in continuing education.

Continuing education and professional development requirements have been implemented in other countries. For example, mandated continuing education is a prerequisite for registered nurse licensure yearly in the United States. A minimum number of continuing education units must be fulfilled for registered nurses to maintain their licensure. The U.S. model can pose equity issues among staff nurses related to time and money required for fulfilment of continuing education units. For example, nurses

who may be at a financial disadvantage, might have difficulty paying for sufficient courses to fulfill the continuing education requirements within the U.S. model.

In comparison, the United Kingdom model requires registered nurses to renew their license every three years. In the United Kingdom, midwives first train as registered nurses, and they have similar licensure requirements as nurses, as designated by the United Kingdom Central Council, their licensing body. United Kingdom nurses and midwives must maintain a personal professional profile with details of professional development activities. Registrants must also undertake a minimum of five days of study related to nursing practice every three years. The purpose of the United Kingdom post-registration education and practice project was to develop standards for a framework that could contribute to the maintenance and development of professional knowledge and competence. The United Kingdom Central Council has defined these standards for registered nurses, midwives, and health visitors.

Similarly, the College of Nurses of Ontario also regulates nursing in order to protect the public interest. The Regulated Health Professions Act (R.H.P.A.) requires that nurses formally examine their nursing practice to ensure ongoing competence. Ontario elected to implement a system that is more closely aligned with the United Kingdom model than with the United States model. Reflective practice is a process involving self-assessment and peer assessment, and development of a formal learning plan. It is believed by the College of Nurses of Ontario that reflective practice engages staff in continuously improving practice more effectively than does a system that relies upon a defined number of educational requirements.

Beginning in the year of 1998, Ontario nurses will have to outline to their college their commitment to continuing education as a condition for relicensure. It has been noted in the acute care hospital setting in which this study was conducted, that many elements influenced professional development. However, empirical data had not been collected to support this observation. Consequently, this study was undertaken to explore the factors that supported and contributed to continuing education and clinical practice improvement within this setting.

Problem Statement

This study will investigate the elements that contribute to staff nurses' commitment to lifelong professional development.

The following questions were used to address the problem statement:

- How does the environment contribute to staff nurse commitment to lifelong professional development?
- How does the clinical nurse educator contribute to staff nurse commitment to lifelong professional development?
- How does the individual staff nurse contribute to a commitment to lifelong professional development?

These qualitative research questions formed the framework from which the study was conducted.

In order to seek answers to these questions, a qualitative case study was undertaken in one acute care hospital in Southern Ontario. Participants were employees of a large health care corporation, and were principally based at the setting that shall be identified as Hospital "X". Study participants included two clinical nurse educators and

two staff nurses. Data were collected through interviews, observations of classes, and teaching document review. Staff nurse participants were chosen on the basis of their recognised commitment to professional development, while educators were chosen on the basis of their recognised ability to facilitate and support staff nurse commitment to professional development. These participants provided rich data that were captured in field notes and coded for meaning.

Personal Assumptions

Prompted by a personal commitment to lifelong learning and continuing education, I chose to explore the topic of professional development. Working within a clinical nurse educator role, I hold a personal belief that improved clinical practice and patient care are associated with professional development activities. However, I am aware that many factors influence individual staff commitment to professional development. I had a personal desire to explore and understand these factors in the attempt to contribute more effectively to professional development within my own hospital setting.

Definitions of Terms

Certain terms are used to explore the topic. The terms are defined as follows:

- *Effective teaching strategies* are strategies that facilitate clinical practice improvement and professional development outcomes.
- *Self-esteem* is a personal feeling of self-worth.
- *External motivators* are motivating factors imposed upon the individual.
- *Internal motivators* are motivating factors operating from within the individual.

- *Environment* refers to the external environment, the clinical environment, and the changing environment in relation to the hospital settings.
- *Professional development* is individual and collective professional learning and growth towards improved practice.
- *Improved clinical practice* is quality patient care achieved through continuous evaluation and improvement.
- *Professionalism* is autonomous behaviour that strives towards continuous improvement and development.
- An *exemplary nurse educator* is an educator who fulfils role responsibilities efficiently and comprehensively in partnership with staff.
- A *clinical nurse educator* is an instructor who works within a clinical program assisting staff in addressing learning needs and clinical practice improvement.
- A *staff nurse* is a registered nurse working within an acute care hospital setting.

These terms and definitions have been used to assist the exploration of the research problem.

Rationale

I decided to focus and comment upon the experience of clinical educators and nursing staff working within an acute care Ontario hospital in order to uncover information about those elements that contribute to staff nurses' commitment to lifelong professional development. This information can be shared with different stakeholder groups within the hospital setting. Results of this study can be used to pursue interventions or activities that support professional development.

From a clinical nurse educator's perspective, facilitating staff nurses' professional development is considered to be an essential component of the role. Effective teaching strategies that contribute to professional development can result in improved patient care. Adult learners are motivated in environments that are respectful, responsive, and relevant to learning needs. The implication for the clinical nurse educator is to develop and to provide education that is identified as being important to the learner, and as helping to improve clinical practice. Continuing education must be accessible and relevant, and it must be communicated within a positive learning environment. So often, health care education is focused upon content with limited regard to processes that support professional development. Other clinical educators working within a similar clinical context might be interested in reflecting upon the results of this study and incorporating aspects into their own practice.

Clinical practitioner effectiveness is reflected in the delivery of patient care. If an individual is not providing direct patient care in a hospital setting, then service should be focused towards supporting direct care providers. Staff nurses working with an acute care hospital setting may choose to reflect upon the essential elements within their role that contribute to professional development.

The results of this study can also be shared with those individuals working in an acute care hospital setting in order to highlight those elements that influence the environment in which professional development is fostered. Key organisational stakeholder groups can reflect upon the professional development model and facilitators of continuing education presented in this study.

Scope and Delimitation of the Study

For the purpose of this study, the research focus is upon elements that contribute to staff nurses' commitment to lifelong professional development within one acute care hospital in Southern Ontario. A qualitative research approach using interviewing of participants, observation of classes, and document collection was chosen in order to provide data rich in detail and description. The data collected in the context of Hospital "X" may be exclusive to the participants who were involved in the study. Although surveys can capture a broader perspective of a larger group of people, my intention was to use interviews and observations in order to provide deeper insights into the lived experiences of the participants in this research study.

Limitations of this research study are related to the nature of qualitative methodology. Conclusions drawn from interviewing, observation, and document collection cannot be generalised beyond the participants of the actual study. Descriptive narration and interpretation of findings related to elements that contribute towards professional development of nursing staff working within an acute care Southern Ontario hospital are restricted to that context alone. However, descriptions may be used by readers to inform practice in other settings. Thoughts, interpretations, and patterns of meaning derived from analysis and synthesis of data are influenced by these factors and by the personal beliefs and values of the researcher. Trustworthiness of data is enhanced by data collection strategies, triangulation of findings, and researcher experience and insights into the clinical nurse educator role.

As the focus of this research was to identify elements that contribute to staff nurses' commitment to professional development, key experts were interviewed.

Research participants included exemplary clinical nurse educators and motivated staff nurses committed to professional development and clinical practice improvement. It was believed that these participants would provide insights into elements that contribute to professional development in an acute care hospital setting.

Outline of the Remainder of the Document

The remainder of this document is comprised of Chapters 2 to 5. A review of adult learner motivation literature is presented in Chapter 2. Concepts presented in the literature review provided a foundation for data analysis.

Chapter 3 outlines the methodology used in this qualitative inquiry. Research methodology, pilot study results, selection of participants, data collection, and data analysis are detailed in this chapter. Also, ethical implications, methodological assumptions, and limitations of this qualitative inquiry are addressed.

Results of the research study are included in Chapter 4. Interpretation of interviews, observations, and document field notes are presented.

Summary, conclusions, recommendations, and implications for practice are included in Chapter 5. Analysis and synthesis of research study findings is presented in this final chapter.

CHAPTER TWO: LITERATURE REVIEW

Motivation is an important influence upon an individual's readiness for and interest in a commitment to lifelong learning. The health care teaching literature reflects the diversity of factors that affect nursing practice and continuing education activities. This literature review was conducted to examine elements that contribute to staff nurses' commitment to lifelong professional development and clinical practice improvement. The themes included in the literature review are internal motivators, external motivators, learning environment, teaching strategies, and professionalism.

Internal Motivators

The health care education literature indicates that internal motivation is considered to be one of the most important influences upon a staff nurse's commitment to lifelong learning. Internal motivators such as self-esteem and self-actualisation are emphasised as having the greatest influence upon clinical performance (Dake & Taylor, 1996). Within a hospital setting, staff nurses deal with constantly changing patient care situations and needs. Thurston (1992) recognized that nurses have to be highly intrinsically motivated in order to meet the needs of this rapidly changing environment. Although internal motivation is a recognised necessary quality in work settings, its actual expression may differ from place to place. Allen (1994), for example, encourages educators to develop and enhance intrinsic motivation, not to change people. Acknowledgement of the individual's intrinsic desire to improve and be responsible is demonstrated in his emphasis on the individual's right to change from within. Furthermore, adult education expert Malcolm Knowles (1975) assumes that successful self-directed learners will respond better to internal motivation than to external motivation. Perceptions, interpretations, and goals

of health care professionals vary dramatically; therefore, needs and strategies must be collaboratively negotiated, and internal motivation appears to be one force that will press nurses to engage in such a negotiation process.

Further observations have been made specifically regarding internal motivation and the hospital setting. St. Clair and Brillhart (1990) reviewed a number of health promotion studies on internal motivation amongst health care workers. Their review suggested that individuals with an internal locus of control were more successful in goal achievement than were those with an external orientation. If this difference in goal achievement holds true, then career paths and learning needs are likely to fluctuate in response to changing circumstances. This condition has been noted by Case (1996), who observed that individuals' motives differ with time and circumstances as some needs are met and as new priorities emerge. Therefore, the educator has a large number of opportunities to collaborate with and provide education for health care professionals. This implies that learning and practice improvement occur when the educational need has been identified by staff and facilitated by the educator.

External Motivators

External motivators have also been identified as having an influence upon learners. Cranton and Weston (1989) agree that extrinsic factors influence learners' behaviour, although they do not consider the influence to be as significant as internal motivation. External motivators such as a better job (Dake & Taylor, 1996), positive reinforcement from colleagues or family, or promotion at work (Cranton & Weston, 1989) have been

cited as drivers of motivation to learn. There seems to be a general awareness that different external motivators influence learner behaviour in varying degrees.

Mandatory continuing education is also considered to be an external motivating factor, although theorists agree that it is not the greatest influence upon staff behaviour. Karp (1992) comments that researchers often investigate participation in continuing education as if it were an end in itself, instead of viewing participation in continuing education as a motivated behaviour. Similarly, continuing education in nursing has sparked a debate about whether a nurse attends continuing education to meet state requirements or to meet learning needs (Karp, 1992). The reality of mandatory continuing education within the nursing profession led Karp to investigate the phenomenon in other health care disciplines. He found that physiotherapists sought continuing education primarily to meet learning needs, although meeting state mandatory continuing education requirements was a strong secondary factor. On a positive point, mandatory continuing education can increase the availability of learning opportunities by generating a large number of alternative opportunities for participation in professional continuing education (Urbano, Jahns, & Urbano, 1988). For example, Urbano, Jahns, and Urbano (1988) observed that mandatory requirement had prompted a larger array of professionally relevant, available educational offerings from which nurses could choose.

Learning Environment

Teaching literature suggests that an individual's learning environment is an important motivating factor. The learning environment includes strategies used to develop people and to enhance their motivation. These strategies can be employed by managers,

educators, and peers interested in providing an environment that encourages individuals to develop themselves (Allen, 1994). If the endpoint of a patient care unit is improved clinical practice, then, from the healthcare employer's perspective, an environment that develops individuals and that encourages learning is necessary for better patient care.

Staff members have often identified lack of support as a significant factor reducing their motivation to learn. In McCrea's (1989) U.K. study, midwives identified lack of management support and perceived lack of educational relevance to clinical practice as factors that decreased their motivation. Another factor mentioned was the difficulty of balancing family and professional demands.

Learning environment factors associated particularly with other health care disciplines have also been investigated. For example, Edwards (1992) identified barriers to participation in continuing education activities by Ohio State University hospital radiographers as including conflict with work schedules, cost, and location. These results suggest that efforts to ensure an environment or climate conducive to learning must be consistent and continuous. If employers are aware of the factors that enhance and reduce motivation to learn, they will be better equipped to establish an optimal learning environment.

Partnership and collaboration with staff appear to be essential components of a supportive learning environment. McGrath and Valenzuela (1994) noted that even the most motivated staff could not continue to be involved in improving patient care if the system or structure did not support it. Adult learners often come to the learning environment with an extensive knowledge base, and they are motivated when they are

acknowledged for their contributions and involved in all levels of planning, implementation, and evaluation of programs (McGrath & Valenzuela, 1994). A learning environment that encourages collaborative planning and goal setting is integral to the success of an educational project. There is increased meaning and relevance to clinical practice when staff are actively involved in the content planning and methodology of education.

However, all organisational levels perhaps need to be involved in educational projects. Involving key administrators; presenting purpose, goals, and projected expenses; and evaluating the process are crucial steps in sustaining these projects (McGrath & Valenzuela, 1994). Successful educational projects appear to be ones in which administrative support was solicited from the beginning of the program (McGrath & Valenzuela, 1994). In short, an effective, supportive learning environment includes involvement from staff, administrators, and educators during all phases of the project.

What this level of involvement implies is that the learning environment leads to the development of a learning community among the various staff levels. Mitchell and Sackney (1996) emphasized the importance of such an environment, because it motivates individuals to learn, and it facilitates their learning. They see community of relationships, of minds, of place, and of memory as elements of the context of a learning community or as the spaces wherein the community resides (Mitchell & Sackney, 1996). To the context they add the processes of a learning community: reflective practice, critical inquiry, professional dialogue, affirmation of colleagues, and invitation to participate. Although Mitchell and Sackney's work was set in a school, their notion of the learning organisation

is applicable for a number of private or public sector settings, including hospitals. An investment in time, resources, and support must be made to facilitate a true learning community in any such organisation.

Similar to educational settings, hospital organisational structures have “flattened out” in hierarchy, thereby increasing responsibilities for professional development at the staff level. Autonomous decision making and alternative career opportunities for staff nurses are now more evident within the hospital system. Hospital restructuring has abolished the traditional departments and replaced this historic model with one that is multidisciplinary and that encompasses all clinical programs. Given this context, the need for hospital leadership that supports and facilitates individual professional development has never been so essential.

What that leadership might look like can be found in some literature from education. Mitchell and Sackney (1996) identified school leadership as a crucial factor in enhancing teachers’ motivation for professional growth and development. In that setting, the professional learning climate was attributed to the presence of collaborative leadership and a positive, supportive environment that facilitated professional growth, autonomy, and open communication (Mitchell & Sackney, 1996). Likewise, health care leadership that embraces and supports a learning community in the hospital setting would be helpful. Professionalism and subsequent improved clinical practice are likely to flourish when the processes of a learning community are supported. Hospitals and schools employ professionals whose practice must continuously be improved and developed. Leadership

that supports a positive learning environment within a learning community can contribute to professional and organisational excellence.

Teaching Strategies

Effective adult teaching strategies can also enhance motivation towards learning for staff nurses. Cranton and Weston (1989) emphasised the importance of considering the audience and adult learner characteristics. Adult learner characteristics vary dramatically in hospital settings. These characteristics, which include age, gender, educational background, intellectual characteristics, affective personality characteristics, and perceptual and motor characteristics, should be considered prior to the implementation of educational activities (Cranton & Weston, 1989). The first task of the instructor is to determine the motivation of the audience with the awareness that some individuals come to the learning environment with immediate goals and strong motivation, and others do not (Cranton & Weston, 1989). Therefore, in a clinical teaching environment that incorporates adult learning principles, an essential planning requirement involves gathering information about the audience prior to the lesson. The individual learning characteristics of staff nurses must be considered and understood prior to teaching; otherwise the educator's effectiveness is likely to be compromised.

Instructors must have sufficient background information about their audience in order to invite participation. Dake and Taylor (1996) identified key questions that educators should employ in motivating their students to their full potential. The questions include:

- How can I make this material valuable and stimulating to my students?

- What prior knowledge and experience can I build upon?
- How can I help them succeed?
- What activities will produce student involvement and participation?

These questions form a reasonable starting point for instruction. When instructors plan their teaching sessions with consideration and application of these questions, effectiveness in motivating others to maximise their learning is expected to increase.

Establishing a relationship with staff is considered to be an essential teaching strategy. Allen (1994) emphasises the importance of knowing staff on an individual basis. Clinical educators have the potential to develop a relationship with staff nurses by collaboratively identifying and addressing their learning needs. This can be achieved by talking to them, observing them, and listening to them, thereby beginning to learn their strengths and weaknesses (Allen, 1994). Working relationships that embody trust, respect, and understanding are integral foundations to meaningful learning experiences. Consequently, educators need to be accessible, empathetic, and non-judgemental in their approach (Dake & Taylor, 1996). Effective interpersonal communication skills are essential components of the teaching process.

Different educational approaches can be used when planning in-service sessions. For example, Case (1996) proposes a three-pronged approach to teaching: (a) assess, acknowledge, and accept “real” motivation; (b) build self-esteem and interpersonal contact, and; (c) use active involvement and plan strategies for individual differences. Furthermore, O’Connor (1982) contends that, if humanistic educational approaches are likely to work best in motivating nurses’ participation in learning, and application of new

knowledge and skills, then the in-service educator should actively seek to incorporate these in designing educational offerings.

The quality of the instructor has also been discussed in relation to teaching effectiveness. DeFelice (1989) relates teaching effectiveness to classroom “magic,” which is described as a sense of energy encompassing faculty and students. Teaching effectiveness is also associated with attention to content and process details. For example, Hulsmeier and Bowling (1986) identify four factors in classroom teaching effectiveness, which include the teacher’s level of knowledge, organisation of teaching materials, presentation of style, and concern for teaching. Similarly, in a study of college instructors, Sherman, Armistead, Fowler, Barksdale, and Reif (1987) identified five characteristics associated with excellence: enthusiasm, clarity, preparation/organisation, a stimulating lecture style, and love of knowledge. Finally, Case (1996) directs educators to hunt for problems, show enthusiasm, inspire confidence, and lighten up. These teaching qualities appear to be appropriate and relevant in any learning environment, and place emphasis on the instructor as a key element in the learning process.

Enhancing internal motivation in nursing staff is considered to be an essential teaching strategy. Cranton and Weston (1989) suggest that the primary goal of the educator is to develop intrinsic motivation in learners. The objective of the educator is to develop internal motivation, and not to change people. This implies that educators are not entirely responsible for enhancing motivation in staff. According to Case (1996), most educators understand that no individual can truly motivate another. Thus, learning becomes relevant when it connects with, and satisfies the needs, wants, or motivations of

the individual (Case). Case summarised adult learning principles with the acronym AIR: Active involvement, Individual differences, and Relevance and motivation. In short, learning must be relevant for participants. Case further stated that learning becomes relevant for adults when they view learning as useful for solving meaningful problems. Cranton and Weston (1989) also noted the importance of relevance. They observed that regardless of whether the motivation is intrinsic or extrinsic, instruction that is relevant to a learner's needs results in a motivated audience.

The literature reinforces the notion that the teaching process should be interactive and collaborative, and should emphasise process. This implies that an effective clinical educator plans with staff regarding content and process objectives. McGrath and Valenzuela (1994) emphasised the crucial importance of involving staff in all phases of development, implementation, and evaluation of the program. They add that creating a vision is important to program development and implementation. Consequently, encouraging others to have input into the visioning process is expected to promote professional accountability and responsibility. Interestingly, McGrath and Valenzuela (1994) noted that successful educational projects acknowledged both the formal and the informal power structures by involving the "key players" from a number of levels within the system. Well respected and innovative "front line" staff nurses were involved in all phases of the program, and these staff members continued to motivate and act as change agents within the unit (McGrath & Valenzuela, 1994).

Individuals come to a learning episode with a level of knowledge, and staff nurses are no exception. Adult learners, such as staff nurses, are motivated when they are

acknowledged for their contributions and involved in all phases of the educational process (McGrath & Valenzuela, 1994). In educational settings, staff involvement has resulted in productive activity. For example, in a school, collective processes were characterised by harmonious interactions, consensus building, and considerable professional learning (Mitchell & Sackney, 1996). If similar processes are built in health care settings, then health care professionals are likely to remain committed to their own learning experiences and to meaningful improvement in practice.

What this means is that staff nurses will expect content that is relevant to their clinical needs. Time is limited in the clinical environment, and content should be directly applicable to the nurses' roles and responsibilities. Within the context of continuing education and staff development in the hospital setting, staff nurses are more likely to be motivated by job-related problems such as solving patient care issues or improving clinical practice (Case, 1996). Therefore, there is a significant responsibility upon the educator to accurately determine the relevant content and the appropriate processes of delivering education. Such teaching can enhance individual motivation to learn and can thereby lead to improved clinical practice.

Professionalism

Professionalism, evidenced in a commitment to improved practice and continuing education, has been identified as a primary motivating factor in continuing education. In McCrea's (1989) study, several theories of motivation were identified with a particular focus on North American models. Most importantly, McCrea found that registered nurses' primary reason for engaging in continuing education was the desire to improve or

expand professional knowledge. Interestingly, some nurses who participate in mandatory professional continuing education demonstrate the same pattern of motivational orientation as those who participate in self-selected educational activities (Urbano, Jahns & Urbano, 1988). The underlying reasons for this motivation have been identified as primarily a cognitive interest and a desire for professional advancement and competency (Urbano, Jahns & Urbano, 1988). In an extensive review of the continuing education in health care literature, Thurston (1992) came to similar conclusions: the strongest motivational factor for nurses participating in the self-study programs in continuing education was the desire to improve or expand professional knowledge. These results suggest that the process of learning is not a passive one in which the student is “spoon fed” ideas, and that collaboration between facilitator and nursing staff is essential for optimal learning and clinical practice improvement.

The literature indicates that certain conditions must be fulfilled to facilitate positive learning interactions. Continuing opportunity tends to be the motivator that most health care employees require to keep them working with a high degree of effort and enthusiasm (McGrail, 1990). Similarly, McGrail (1990) notes that people who have that opportunity respond with high aspirations, self-confidence, and a strong task focus and constructive attitude. Of particular interest was the observation that the greatest proportion of nurses interested and involved in continuing education were full-time employees in positions of administration or consultation and who had education beyond the diploma (Thurston, 1992). Similarly, Thomas (1994) notes that the more education an individual has, the more frequently he or she participates in continuous learning activities. Since

administrator and educator positions often demand continuing education as an ongoing criterion for the roles, staff nurses may be involved in continuing education for advancement motives as well as for clinical practice improvement.

When health care professionals are supported by their peers and administrators, significant improvements in clinical practice and patient care are possible, as are professional growth and development (McGrath & Valenzuela, 1994). In this regard, autonomy, recognition, variety, time off, and many other rewards have been found to be just as important as money to health care workers (McGrail, 1990). These findings suggest that professionalism benefits patient care and individual staff development as it advances career opportunities.

In an interview, Sergiovanni, a noted educational theorist, revealed his own thoughts regarding professionalism. He stated that there is a virtuous aspect to professionalism (Brandt, 1992). Sergiovanni summarised professionalism as a commitment to exemplary practice, in which professionals do not need anyone to check on them, to push them, or to lead them, as they are compelled from within (Brandt, 1992). The internal motivation that drives health care professionals is essential for high quality patient care. The clinical setting demands and challenges professionals to improve problem solving and critical thinking skills. A willingness to do more than is expected, with the anticipated outcome of improved patient care, is an essential component of professionalism within the health care setting.

The responsibility of the employer is to support these individuals with a professional learning environment. Some important elements, that contribute to a

professional learning climate include goal clarity, goal attainment, commitment to personal learning, and valuing of diversity (Mitchell & Sackney, 1996). It is advantageous for the administration to support a professional learning environment, as it promotes improved practice and appropriate decision making. The organisation has a responsibility to the professional learner. Allen (1994) stated that the manager's objective is for each individual to achieve excellence within the limits of his or her talents and abilities. Most people like to be challenged as long as the challenge is seen to be achievable (Allen, 1994). Taking care of staff in a professional, supportive manner will encourage that patients within the hospital setting are cared for in the same way.

Summary

Certain conclusions can be drawn from this review of continuing health care education and motivation literature. Individual staff nurse commitment to lifelong professional development is influenced by many elements. External motivators such as mandated continuing education requirements or professional advancement can drive motivation to learn. Positive self-esteem and self-confidence are considered to be significant intrinsic qualities, that can enhance individual motivation to learn. Adult learners are motivated in learning environments, that are respectful, responsive, and relevant to clinical practice. Educators have a responsibility to involve the learners in developing, implementing, and evaluating programs that are meaningful to staff nurses, and that improve clinical practice. Continuing education should be accessible, relevant, and communicated within a positive and professional learning environment. Clinical expertise and professionalism enhances motivation to learn. These themes provide the

foundation for comparing study results with the literature outlining elements that support individual staff nurse commitment to lifelong professional development.

CHAPTER THREE: METHODOLOGY AND PROCEDURES

This study was undertaken to study the elements that contribute to staff nurses' commitment to lifelong professional development. Factors that motivate individuals to continue their education for professional development and clinical practice improvement have been explored in this qualitative inquiry. This chapter outlines the research methodology, pilot study results, and selection of participants. Data collection, recording, and analysis, ethical implications, methodological assumptions, and study limitations will be presented to complete the methodology and procedures component of this chapter.

Research Methodology

Descriptive and interpretative research was used to frame this study. Interpretative research is interactive research that requires relatively extensive time in a site to systematically observe, interview, and record processes as they occur naturally at the selected location (McMillan & Schumacher, 1997). Despite considerable variation among such studies, common methodological strategies distinguish this style of inquiry: participant observation, in-depth interviews, and artefact collection (McMillan & Schumacher, 1997). This approach facilitated the exploration of elements that contribute to staff nurses' commitment to lifelong professional development.

Data collection was accomplished through various strategies. First, in semi-structured interviews with open-ended questions, participants were asked the same questions in the same order, thus reducing interviewer effects and bias (McMillan & Schumacher, 1997). This approach encouraged latitude in responses. In addition, participant observation allowed the researcher to corroborate what individuals said they

are doing or what the researcher thought they were doing (McMillan & Schumacher, 1997). These methods as well as a review of teaching documents were used to gather data.

Within much of the literature on health care teaching, surveys and anecdotal observations dominated the data collection methods. Therefore, I decided to approach this topic in a way that complemented the research methodology in the literature. Interviews with educators and staff nurses, observations of teaching events, and a review of teaching documents facilitated this exploration of the elements that contributed to staff nurses' commitment to lifelong professional development within Corporation "X".

Pilot Study

A pilot study was conducted prior to initiating this research. In the pilot study, interviews were conducted by myself and a research partner with two exemplary clinical nurse educators working in two different clinical programs at Corporation "X". Within the clinical unit setting, 11 questions were posed to the clinical educators, with each interview lasting approximately one hour in length (see Appendix A). Clinical Program "A" encompassed patient care units ranging from a preoperative outpatient clinic to an acute care setting. Clinical Program "B" had a predominantly acute care focus. Both clinical nurse educators had extensive teaching experience in their background and were considered by staff nurse and educator peers to possess effective teaching strategies. Extensive field notes were taken during the interviews to help reformulate questions and probes and to record non-verbal communication. Immediately after the interviews, audiotapes were transcribed and hand-written notes were typed to complete the field notes.

Field note coding facilitated the identification of themes. Coding is the process of identifying units of meaning, clustering similar units of meaning, and grouping similar clusters to identify themes (McMillan & Schumacher, 1997). Coding and clustering of the pilot study data yielded three main themes: motivators, clinical nurse educator role, and staff nurse role (see Table 1, p. 27). Motivators included internal motivation, external motivation, learning environment, teaching strategies, and change. The clinical educator role included themes associated with expertise, continuing education, and empowerment. Finally, the staff nurse role comprised accountability, professionalism, and individual responsibility. These categories identified during the pilot study provided a template with which the research study data were initially coded.

Selection of Participants

The setting for this qualitative research study was a teaching hospital of approximately 300 beds, embedded within a large health care corporation in Southern Ontario. Within the corporation, regional patient care programs such as cardiac, neurosciences, oncology, women's health, burns, and trauma were included in the delivery of patient care services. This University-affiliated Corporation employed all health care professionals and support staff and provided a clinical setting for students of all health care disciplines. This hospital within the Corporation was chosen as the study site because it is comprised of many of the regional patient care programs, thus providing an environment that facilitated data collection.

Purposeful sampling is "selecting information-rich cases for study in-depth" (Patton, 1990, p. 169). In this study, two exemplary clinical nurse educators within this hospital consented to be interviewed and observed. These clinical nurse educators were

Table 1.

Pilot Study: Concepts/Themes Related to Staff Nurses' Commitment to Learning

Concept	Theme
Motivators	Internal
	External
	Learning Environment
	Teaching Strategies
	Change
Clinical Nurse Educator Role	Expertise
	Continuing Education
	Empowerment
Staff Nurse Role	Accountability
	Professionalism
	Individual Responsibility

identified as exemplary in their teaching effectiveness by educator peers and nursing staff with whom they worked. Both educators were used as clinical experts in their clinical programs, and they received outstanding evaluations from educational presentations and workshops. They were recognised as approachable resource personnel within the clinical setting. Similarly, the staff nurses who were interviewed were identified as clinical resources and role models to peers within their unit setting. Both staff nurses had demonstrated a commitment to lifelong professional development and clinical practice improvement in their individual continuing education activities. The clinical nurse educators and staff nurses worked in different clinical programs within the same hospital site. I selected these key “experts” because they were likely to be knowledgeable about the phenomenon I was investigating (McMillan & Schumacher, 1997).

Data Collection and Recording

McMillan and Schumacher (1997) state that qualitative data collection strategies should use multiple methods, such as interviews, observations, and artefact collection. Field notes are the method of choice in recording data (Puetz, 1985). For the purpose of this study, data were collected through individual interviews, observation of participants, and document review. The interviews were tape-recorded, and field notes reflected the verbal and non-verbal dialogue that occurred during the interactions.

The interviews were held separately in a quiet, unoccupied office away from the patient care area. The participants had their pagers turned off to avoid disruption, and sufficient time was allotted to conduct an uninterrupted, complete interview. As suggested by Puetz (1985), the following information was recorded during the interview: date, time, and location; purpose of interview; names of participants; and the behaviours

of the researcher and the participants. Impressions of the respondents, including perceptions of their comfort level, truthfulness, and spontaneity, and any other information that might be useful were recorded (Puetz, 1985). Fourteen questions (see Appendix B) were posed to each clinical educator individually. Interviews were also held with two staff nurses who worked with the clinical nurse educators. Five questions (see Appendix C) were posed to these staff nurses individually in a quiet uninterrupted setting. Field notes were coded and motivation themes identified from this dialogue. During all interviews, extensive field notes were recorded, and the interviews were audiotaped. Each interview lasted approximately one hour in length, and the field notes were transcribed and coded immediately after the interview.

Separate observations of both clinical educators were conducted in the classroom setting. Field notes consisted of demographics, such as date, time, and location of the observation, a diagram or description of the physical layout of the location, and the characteristics of the participant. A description of what was observed and personal feelings and reactions during observation were recorded. The participant observation strategy was used to corroborate perspectives derived from other data collection strategies (McMillan & Schumacher, 1997). Field notes were typed after each observation of the clinical educator teaching in the classroom setting. All the observation field notes were used in the data analysis process. Field notes containing both high and low inference comments were included in the database. Low inference descriptions were verbatim accounts of conversations and literal descriptions of actions by participants (McMillan & Schumacher, 1997). In comparison, high inference notes included the abstract thoughts of the researcher and comments used to identify possible themes,

interpretations, and questions (McMillan & Schumacher, 1997). Researcher comments were separated from the actual data and were enclosed in parentheses.

Document collection consisted of lesson plans, teaching handouts, and communication correspondence with staff. For this study, teaching documents and correspondence were photocopied, categorised, and described to complement the different types of data being collected. Interpretation of document meanings were corroborated with observation and interview data.

During the study, strategies were employed to enhance the validity of the research analysis results. Glesne & Peshkin (1992) have noted that the more sources tapped for understanding, the more believable the findings; therefore, three data collection techniques were used for this study. Puetz (1985) states that the process of comparing the results of several different data collection methods is described by social scientists as triangulation. I used triangulation to help to ensure that the results of the study were as valid as possible. Triangulation allowed me to find regularities in the data and to cross-validate themes among the various data collection strategies and time periods (Denzin, 1978).

Member checking was used during the interview process when topics were rephrased and probed to obtain more complete and subtle meanings (McMillan & Schumacher, 1997). In addition to this ongoing member check, interview participants were given the opportunity to review dialogue transcripts and to comment on the transcripts. During review of transcripts or synthesis of the data, the participant was asked to modify any information or interpretation of the interview data (McMillan &

Schumacher, 1997). In this study, the data from that review were then analysed and integrated into the research findings.

Data Analysis

Qualitative researchers integrate the operations of organising, analysing, and interpreting data, and call the entire process “data analysis” (McMillan & Schumacher, 1997). Interpretative analysis in qualitative research includes narration of events or participants’ stories, typology, theme analysis, and grounded theory. A typology classifies the findings by different types of individual or group experiences with the same phenomenon according to categories of experiences, beliefs, perspectives, or actions by participants (McMillan & Schumacher, 1997). McMillan and Schumacher (1997) noted that a theme analysis describes the specific and distinctive recurring qualities, characteristics, subjects of discourse, or concerns expressed.

After reading all field notes, including those on observation, interviews, and documentation, important topics were coded and subsequent categories and patterns identified. Codes used during the pilot study formed the initial template from which a typological review of the interview, observation and document field notes was conducted. The pilot study codes were internal and external motivators, learning environment, teaching strategies, and change. Clinical nurse educator role codes included expertise, continuing education, and empowerment. Staff nurse role codes included accountability, professionalism, and individual responsibility. These themes provided a framework for the deductive analysis and a starting point for the inductive, generative, and constructive process. However, the final set of categories was not totally predetermined, but emerged from the data, according to inductive clustering and category meanings (McMillan &

Schumacher, 1997). With all of the data collected from interviews, observations, and document review, an inductive process of analysis was used. Similar units of meaning in field records were noted, and coded with a key word, so that they were identified easily, as data analysis progressed. All of the information was compiled by topic, clustering similar types of data and looking for themes and patterns in the clustered data. Category names were assigned to clusters, and then further clustering of similar categories was performed in order to refine the themes and to uncover patterns. This inductive analysis technique is called the constant comparison method (Glaser & Strauss, 1967). It entailed comparing and contrasting each topic and category to determine the distinctive characteristics of each. From this analysis, three major themes were identified: environmental factors, clinical nurse educator factors, and staff nurse factors. Environmental factors that contributed to staff nurses' commitment to lifelong professional development were associated with the external environment, the clinical environment, and the changing environment. Factors within the clinical nurse educator role that influenced staff nurses' commitment to lifelong professional development were expertise, continuing education, facilitation, relationship with staff, and teaching strategies. Influences upon individual commitment to lifelong professional development within the staff nurse role included internal motivation, role modelling, autonomy, and professionalism. These elements presented as recurring themes within the interviews, the document review, and the observation of classes.

Ethical Implications

This study complied with the ethical guidelines for research with human subjects as outlined by the Brock University Ethics in Research Committee (see Appendix D). Permission to conduct this research study was requested to the Director of Education at Corporation “X” (see Appendix E). The Director of Education at Corporation “X” granted permission for me to conduct interviews, to observe classes, and to review documents associated with the commitment of lifelong professional development (see Appendix F). The purpose of this qualitative inquiry was explained prior to data collection, and confidentiality and anonymity of participants were maintained (see Appendix G). Individual participant consent was obtained prior to interviews, observation, and document retrieval (see Appendix H). This study did not directly involve patients or interfere with the provision of daily patient care.

Methodological Assumptions

Research in education cannot control all aspects of the methodology used. Some assumptions have been made in this study that may have a potential or actual bearing on the outcome. There is a potential that personal beliefs and values were reflected through high inference comments, inadvertently emphasising points that I believed to be important. This potential for bias was addressed with the triangulation of data from three sources in order to validate findings from any one data source. Validity of qualitative designs addresses these questions: Do researchers actually observe what they think they observe? Do researchers actually hear the meanings that they think they hear? (McMillan & Schumacher, 1997). Triangulation of data sources in the research design assisted in the fulfilment of these objectives.

In this study, certain strategies to enhance design validity were used. Specific data collection strategies were used to enhance the degree to which interpretations and concepts had mutual meanings between the researcher and the participants. These strategies included the use of participant language/verbatim accounts, low inference descriptors, mechanically recorded data, member checking, participant review, and active search for negative cases or discrepant data. These strategies were used to increase agreement between the researcher and participants on description of phenomena and the composition of recurring themes.

Limitations

The limitations in this study are related to the nature of qualitative methodology. Conclusions drawn from interviews, observation, and document collection can not be generalised beyond the participants in the actual study. Descriptive narration and interpretation of findings related to staff nurses' commitment to lifelong professional development working within an acute care Southern Ontario hospital is restricted to that context alone. However, the descriptions derived from this case may be used by readers to inform practice in other settings.

Other limitations of this study included the personal assumptions and biases that may result when the researcher is the instrument of data collection, recording, and analysis. This was an interpretative study which was limited in time and place. Therefore, a "snapshot" of life has been reflected, capturing single moments in time with two clinical educators and two staff nurses working within an acute care teaching hospital. Subsequently, thoughts, interpretations, and patterns of meaning derived from analysis and synthesis of data are influenced by these factors.

Summary

Chapter 3 provides a description of the methodology and procedures grounding this ethnographic inquiry. Data collection and recording consisted of interviews, observation, and document collection. This qualitative inquiry was supported by a previous pilot study that provided a template for data collection and analysis that facilitated the refinement and extension of the methodology.

CHAPTER FOUR: FINDINGS

This chapter presents the results of the inquiry. The purpose of the study was to identify elements that contributed to staff nurses' commitment to lifelong professional development. Data collection consisted of interviews, observation of classes, and document review. Constant comparison analysis yielded some common elements that clustered into three major themes: the role of the environment, the role of the clinical nurse educator, and the role of the staff nurse. The data illuminating these themes are presented in this chapter, following a description of the setting and the participants.

Description

This research study was conducted within a large Southern Ontario teaching hospital of approximately 300 beds. The hospital was located within a lower income section of the downtown core of the city and was surrounded by smokestacks and industrial plants. This hospital was a part of one of the largest health-care corporations in Canada. Patient populations were predominantly adult with hospital services ranging from outpatient clinic care to intensive care. Notable regional programs available to patients within the 1.8 million Central West catchment area were burns, trauma, cardiovascular, neurosurgical, and intensive care services.

Within this hospital setting, a number of different health care disciplines were involved in patient care. Nurses represented the single largest health care discipline. Nurses worked within a variety of different patient care units, and possessed a variety of skills. The two staff nurses interviewed for this study worked in two different clinical programs, but both possessed critical care nursing skills, which enabled them to care for acutely ill patients. One nurse had more than 25 years of nursing experience, was always

involved in continuing clinical education activities, and was recognised as a role model within her clinical setting. The other nurse had approximately 15 years of nursing experience, was near completion of an undergraduate degree, and had worked in different speciality acute care settings that required additional education and orientation. Both nurses were committed to lifelong professional development and clinical practice improvement.

The clinical nurse educators interviewed in this study also worked in this hospital. They worked in two different clinical programs that both provided acute patient care services. Both educators possessed baccalaureate nursing science degrees and one of the educators had a Master of Science in Teaching degree. Although both educators had an extensive clinical knowledge base as related to their areas of responsibility, they were noted to have slightly different emphases within their educator role. One educator was particularly recognised for her ability to provide a large number of clinically-relevant workshop educational sessions for nursing staff. The other educator had a well-established relationship with staff nurses, a relationship that facilitated collaborative problem solving and practice improvement within the clinical setting. Both educators had teaching and project responsibilities within the clinical programs they serviced as well as within the central hospital education program. Both educators had worked as staff nurses prior to their clinical nurse educator positions, and hospital “X” had been their principal employer during their careers.

Role of the Environment

The pilot study had indicated that commitment to lifelong professional development was shaped by certain environmental influences. Consequently, the role of

the environment became a major focus of the study. Data collection was prompted by the following research question: How does the environment contribute to staff nurse commitment to lifelong professional development? Data analysis yielded three sub-themes within this category: external environment, clinical environment, and changing environment.

External Environment

Certain themes related to external environmental influences became evident during the data analysis process. The external motivator that was seen to exert the most influence was the recent change in licensure requirements for registered nurses. Clinical workshop classes provided by the educators were attended by some of the staff nurses towards fulfilment of the College of Nurses licensing requirements (Classes 1 & 2, p. 8).¹ All interview participants expressed satisfaction with the recent decision by the College of Nurses of Ontario to include reflective practice as a condition for renewal of registration for registered nurses, as seen in the following comment:

I am so pleased that the College of Nurses has finally come out with this reflective practice tool. I think there will be a large percentage, and I think I am already beginning to see it where more people are accessing education and doing different courses. It's way overdue. I think that for a long time, the profession, the nursing profession, has sort of set back on its laurels, and thought once you become a registered nurse, if you're not going to go up the career ladder, etc . . .

There was no onus on the one person to remain current . . . And always expecting

¹ This documentation is taken from observational field notes. It refers to observations of two class periods, one for each clinical nurse educator.

everyone else to be responsible for their education, so I think this is a very positive move by the College of Nurses. (Int. 1, pp. 19, 20)²

This comment suggested that the change in re-licensing requirements would be helpful in defining minimal learning standards. Similarly, an educator commented:

Certainly, the recent changes with the College of Nurses, with the licensure really mandating that nurses have some sort of portfolio, or formal log of educational events that they have attended, has certainly been reflected in staff attending some of the workshops that are being held, some of the conferences . . . be they internal or external conferences. It seems to be one of the biggest motivating factors that I've seen in the last, probably five or six years with staff going out and doing these things. (Int. 2, pp. 11, 12)

Educators and staff nurses alike noted that nursing interest and attendance at educational events and conferences had increased since the introduction of continuing education relicensure requirements by the College of Nurses.

Professional affiliations with associations and colleagues were also identified as an external environmental influence upon staff. Communication correspondence received from the College of Nurses of Ontario, the Ontario Nurses Association, and speciality nursing affiliations such as the critical care nursing association were seen to facilitate sharing of professional expertise. Professional affiliations provided opportunities for staff nurses to increase their knowledge base and to remain informed as to professional or practice changes and upcoming educational events. One nurse noted:

² This documentation refers to data from interviews. Interview 1 and Interview 3 refer to interviews with staff nurses. Interview 2 and Interview 4 refer to interviews with clinical nurse educators.

And all of the college communiqués, the Ontario Nurses Association, the newsletter that they send out once a month . . . on the back of that is a calendar of events for any meeting, of any educational events that are on, they'll give dates and times. I think being a member of the Canadian Association of Critical Care Nurses, Canadian Association of Neuroscience Nurses, any of our professional bodies, it's important too. (Int. 1, p. 12)

The importance of remaining informed and involved with colleagues and institutions with similar clinical focus was stressed. One nurse reflected:

I have a good networking with my colleagues in Toronto, so if there is anything going on in there that might be of interest to me, one of them would get in touch with me, and simply by going to another facility, although it's not very often, it's a good thing because you'll see what's available at other institutions. (Int. 1, p. 12)

Participants in this study believed that clinical practice improvements and professional development were facilitated through these associations.

The fear of losing positions, and the attendant desire to become more skilled in different areas, were other external factors that the participants identified as enhancing staff nurses' commitment to professional development. Surrounding the nursing profession, and health care, are the global economy and its influences upon the job market. Computer skills, interpersonal communication skills, and a constant need to adapt to changing environments were all identified as crucial areas that nurses needed to integrate into their professional lives. One educator commented:

You can't read a newspaper without there being some sort of an article on the need for everybody to have better computer skills, to have better interpersonal skills, whatever people need to make themselves marketable, or even to maintain positions that they have. So I think people feel this sense that they have to get out there and keep up with the competition, so that they can keep a position and certainly if they have any desire to advance, then they have to continue on academically. (Int. 2, pp. 12, 13)

Interview participants saw these as important factors that influenced their marketability to obtain new career opportunities or even to maintain the positions that they presently held.

One rather interesting finding was that external influences did not always appear to enhance commitment to lifelong professional development. For example, both educators and staff nurses emphasised that scheduled mandatory hospital educational events did not always result in full attendance by staff. Furthermore, financial support to attend conferences or outside educational events had not always been fully accessed and used by staff. One educator noted:

Certainly money is not an issue. We have offered to either fund people totally or in part to attend events, and there has been no interest, still, in going, even though there would be some financial support of that . . . So I'm not sure if money is always an issue. I know at times, but I'm not sure all the time. Certainly, making something mandatory doesn't always make it motivating for staff either. We certainly have seen education events where we've said it is essential or almost mandatory that people go, and if anything, I think it might turn the tables sometimes, and people not wanting to do something. (Int. 2, pp. 14, 15)

In short, both educators and nursing staff observed that mandatory educational events and financial support for attending educational events were not always determining factors in enhancing individual staff motivation.

In summary, clinical nurse educators and staff nurses interviewed in this study identified license renewal expectations, professional affiliations, and overall job market conditions as significant external environmental influences. By contrast, mandatory continuing education events did not always enhance staff nurses' commitment to lifelong professional development.

Clinical Environment

The clinical environment emerged as one of the major environmental influences upon a staff nurse's commitment to lifelong professional development. Within the hospital setting, clinical role models and educational rounds were identified as significant contributing factors that enhanced clinical practice. Clinical nurse educators had used classes and communication memos with staff nurses, highlighting clinical practice issues, as strategies that contributed toward a positive learning environment. Both educators presented workshop topics relevant to their clinical setting and expertise (Classes 1 & 2, p. 8). Communication memos from one of the clinical nurse educators reflected the vast diversity of clinical issues within that acute care unit (Documents 1-4, p. 5).³ Through these strategies, staff could increase their knowledge base and stay abreast of current practice issues.

³ This documentation refers to data taken from document reviews, which included communication memos, workshop flyers, certificates of attendance, and teaching literature.

Both staff nurses and clinical educators noted the importance of role models within the clinical environment. Role models were staff nurses, physicians, and other members of the health care environment who were respected or admired by staff and who influenced others in a positive manner. One staff nurse commented:

Clinical educators to me are probably one of the most important people in the hierarchy, of education work within the hospital. It had always been my ambition to be a clinical educator. Simply because the clinical educators that I had when I first went into nursing, and they certainly weren't called that then, but they were such good role models. And they, to me in their knowledge, their professionalism was always something that I admired greatly, and in my experience in nursing, I had always been fortunate. (Int. 1, p. 14)

Both staff nurses and educators identified the physician's influence as being important to the morale of the clinical setting. One educator noted:

Although I think some of it (the motivation) might come from the role modelling from their peers within the Unit, it may come even from some of the physicians within the Unit, being more open to teaching and making it interesting, and making everybody feel a part of the team, and wanting to learn. (Int. 2, p. 9)

The educator also pointed out, however, that "sometimes you see that within a [clinical] unit, and sometimes you don't" (Int. 2, p. 9).

Clinical educational rounds were identified as important motivators for staff nurses. Every clinical program conducted regular weekly rounds with staff. These rounds were comprised of clinical practice discussion and continuing clinical education. One educator commented:

I think, because we are a teaching centre, the hospital provides many educational type forums, and there certainly couldn't be more in the sense that there are cardiac rounds, there's cardiovascular rounds, there's orthopaedic rounds, there's medical unit rounds, you name it. Maybe a problem being, even trying to market those so that people know that they're out there for them to go to. (Int. 2, p. 10)

In addition to clinical teaching rounds, informal patient care discussions that involved members of the multidisciplinary team were identified as important influences. One nurse commented:

To deliver good patient care, you have to be current in your practice, and try to keep up as much as possible . . . Sometimes if you work in an atmosphere where education is important, that also is a great motivator, because you are surrounded by people who are turned on by learning and turned on by discussing things. (Int. 1, pp. 5, 6)

The format of patient care rounds held every staff member accountable for possessing a current clinical knowledge base from which to discuss patient care issues.

Changing Environment

The changing environment emerged as a sub-theme within the data analysis.

Both staff nurses and educators recognised the trend of patient care areas becoming more acute and complex. Two strategies that educators used to meet the exigencies of the changing clinical environment were communication memos and education classes.

Communication memos sent by clinical nurse educators reflected a variety of changing clinical and corporate issues and opportunities available to staff (Documents 1-4, p. 5).

The presence of staff nurses from different clinical areas at the educational workshops

also reflected the changing organisational environment and the available learning opportunities (Classes 1 & 2, p. 8). However, at times the changing clinical environment required the educator to quickly identify a need and to intervene with a didactic teaching strategy. One educator reflected:

On a more functional sense, if there's something essential that nurses need to know in the unit, I find that we tend to regress sometimes to a more traditional format, where we go and we deliver the information, and again maybe it's just a reflection of the environment that we can't wait, or it is something that needs to be done at the time. (Int. 2, p. 9)

One educator noted, "... the other thing that we see is what I was just mentioning, is that, essentially there's an abundance of medical-surgical nurses down the line with redesign. And there is going to be a shortage of critical care nurses" (Int. 4, p. 16). The same educator noted, "... there is a fair amount of staff from those units who are going to night school on learning E.C.G.'s or they come to everything we do ... I mean they are at everything" (Int. 4, p. 16). Educators and staff agreed that staff nurses who were motivated to continue their learning often attended classes that covered content beyond what was required to function within their present clinical areas. In anticipation of changing clinical environments, many motivated staff nurses proactively sought out learning opportunities that may be helpful to them in the future.

The changing organisational environment was identified as an element that had encouraged staff nurses within the hospital setting to participate in continuing educational activities. Classes and communication memos were strategies that educators used to keep nurses informed of some pressing changes in the organisational environment. Both staff

nurses and clinical nurse educators discussed the higher corporate profile that education now had in comparison to the past. One educator noted:

And certainly, a more open message from the hospital seems to be that they very much support education...now when they talk about some of the key elements in the hospital, they talk about education being important and research being important. And I think that helps staff recognise that there is value in it and maybe that motivates them to some degree. (Int. 2, p. 11)

The hospital corporation had been directly influenced by a recent merger, patient care redesign, and the hospital restructuring commission report. All of these influences had resulted in significant changes affecting patient care delivery and hospital staff, and education had been identified as a necessary component for change.

Both staff nurses and educators noted a change in corporate philosophy. Where previously it had been acceptable to function with virtually no continuing education after an initial diploma or degree and professional registration, now continuing education was expected. Some people had experienced a sense of competition with other staff members to maintain a present position or to advance within the institution. One educator noted:

I have never seen, to be really honest, there is a group that are at this site, who are so highly motivated. The program itself has been very focused upon education, and if you didn't have the degree, and you didn't have the letters, that you weren't going to get the job opportunity. I think there's five of them [in the unit] alone working on a masters degree right now. (Int. 4, p.11)

The same educator commented, "I would like to see some reward for these people who take on those projects" (Int. 4, p. 26). However, although corporate support for education

had taken a higher profile in recent months, inequities still existed between clinical programs regarding educational supports for staff nurses.

Role of the Clinical Nurse Educator

A major influence identified in the data was the role of the clinical nurse educator. The research question that addressed this area of the study was: How does the clinical nurse educator contribute to staff nurse commitment to lifelong professional development? Within the clinical nurse educator role, sub-themes of expertise, continuing education, facilitation, relationship with staff, and teaching strategies emerged.

Expertise

In discussing the clinical nurse educator role, the concept of expertise was identified as an essential component in the educative process. Classes, teaching literature, workshop flyers, and communication memos with staff provided considerable evidence of the educators' expertise. During a cardiovascular workshop for nurses, a presentation by one of the clinical educators was enhanced by her ability to answer specific clinical questions posed by the audience (Classes 1 & 2, p. 8). Similarly, the other clinical educator began her presentation with a review of the literature and statistics pertaining to her topic (Classes 1&2, p. 8). Both of these educators possessed expertise in the topics that they were presenting and this was acknowledged in workshop evaluations (Classes 1 & 2, p. 8). Both educators supplemented their class presentations with recent, clinically relevant journal articles (Documents 10 & 11, p. 16). One clinical nurse educator marketed a variety of cardiovascular clinical workshop topics that demanded expertise on the part of the presenter (Documents 5-9, p. 6). Frequent

communication memos from the clinical nurse educator reflected expertise and awareness of current clinical issues (Documents 1-4, p. 5).

The availability of clinical nurse educators to assist staff nurses with clinical patient care issues was identified as another important role component. One nurse summarised, “The clinicians being as open and approachable and supportive as they are certainly makes a difference, and they have a high profile on our unit; they are always available” (Int. 1, p. 6).

The need for the instructors to be available as a resource was identified by the educators, as well. One educator commented:

From a functional perspective, I think we very much have a resource role in the I.C.U. On a day-to-day basis, we’re very much addressing clinical type questions and basically doing the “putting out the fire” type of work. We are very much a resource for all staff in the Unit, be it nursing, which it usually is predominantly nursing. But because it is a multidisciplinary area, not that other areas aren’t, but we certainly are to a greater degree . . . So we do act as a resource to pharmacy, to R.T.’s, to physio, to nutrition, as well as other services, be it from physicians from other departments, transfusion medicine or the lab. (Int. 2, pp. 3, 4)

One nurse commented, “The clinical educators are there to educate. And within our unit, they act as a resource for staff support; simply education isn’t their 100% role” (Int. 1, p. 15). Both staff nurses and educators agreed that clinical resource support was an important service that clinical nurse educators provided to staff.

Participants noted that individual clinical nurse educator expertise allowed instructors to present educational content that could facilitate the nurse’s career

advancement. One nurse commented, “I have been able to expand within the educational opportunities within each department. I have taken the opportunity” (Int. 3, p. 10).

Providing educational opportunities that challenged learners to take on new skills or to increase their knowledge base could eventually lead to different job opportunities for staff nurses. One educator commented:

They [the staff nurses] like the concept of a day job and maybe some expanded practice. So I think that [educational in-service sessions] has given them some opportunity. (Int. 4, p. 11)

The credibility of the clinical nurse educator was identified as an essential role component by both staff nurses and educators. One educator summarised:

I do think, generally I hope I am respected in the role. It has taken some time to establish, but I do think I have some credibility in the role, with some of the nurses. It’s very important. For one, I don’t think unless people find value in your role, or think that you are doing what you should be doing, it doesn’t lend much credibility to your job if the people that you are supposedly helping, assisting and facilitating don’t think that you are valuable. Certainly just for personal satisfaction, it’s hard to come to work, if you think that people don’t really care about what you do and want you there or find that you’re helpful. (Int. 2, pp. 5, 6)

Clinical nurse educator credibility was seen as important for personal job satisfaction, and for the addressing of patient care issues with staff.

Continuing Education

Both staff nurses and clinical nurse educators identified that the greatest proportion of the clinical educator role was to educate staff. Classes, workshop flyers, and certificates of attendance acknowledged the staff nurses' interest in and commitment to continuing education. Staff attendance at continuing education classes indicated that clinical nurse educators fulfilled a learning need identified by staff nurses (Classes 1 & 2, p. 8). For example, workshop flyers reflected a variety of different clinical sessions relevant to staff nurses working in the acute care hospital setting. There had been a steady increase in volume and variety of posted educational program workshop flyers, responding to a renewed interest in continuing education (Documents 5-9, p. 6). Certificates of attendance distributed at the completion of teaching workshops acknowledged the individuals' participation and commitment to learning. Some staff nurses identified that they were going to include these certificates in their professional portfolio (Document 12, p. 2). In the hospitals, support was routinely provided by educators to staff nurses for clinical continuing education and academic pursuits. One educator commented:

As far as, if we want to enhance their motivation towards learning, maybe externally, and going back to school, maybe we do that through role modelling. And so we do have staff come up to us and want to talk about going back to school, and different roles that may be open to them if they do that. So maybe by our own role modelling, we're doing some of that as well. (Int. 2, p. 13)

Commitment to continuing education encompassed support for both clinical practice improvement and formal academic pursuits.

Facilitation

Facilitation emerged as an essential component of the clinical nurse educator role. Workshop flyers and communication memos with nursing staff demonstrated facilitation, by indicating the degree to which clinical educators followed up on learning topics suggested by staff nurses. Clinical educators facilitated the communication of upcoming educational events by strategic placement of visually appealing workshop flyers (Documents 5-9, p. 6). Communication memos facilitated the functional daily sharing of clinical information supporting clinical practice improvement (Documents 1-4, p. 5). In one example, educators offered classes on clinical issues that had been identified as areas of concern by staff nurses. One educator commented:

I think I'd start off to say I see my role as part of a team; as a group our role is initially to either assess or to identify learning needs that are within the program across all disciplines. That we need to be able to put together an educational program to meet those needs although lately, that's posing some challenges, giving staffing assignment, and turnovers, and consolidation of programs . . . and if I have to pick where I go, I go with those that are positive, and I try not to get caught up a whole bunch in the negatives. I find I get more for my money in dealing with those people who have some enthusiasm and the desire to learn. (Int. 4, pp. 4, 5)

Another educator commented:

We are definitely a co-ordinating person within the unit, I think because we do have the stability of being there on a daily basis . . . I think too, the role lends itself to be very much a communication role. Because we do go to some different

forums to get information, that some staff do not always get to. Because we attend different committee meetings, different projects, we tend to play a communicative role with the staff to relay information back to them. (Int. 2, p. 4)

Through involvement with clinical nurse educators, staff nurses were able to complete their continuing education assignments. One educator reflected:

And probably, the other thing is to really get staff involved in projects, and although they might not see the project as an educational strategy, they learn all kinds of skills, in terms of organisational skills for themselves. They learn about the organisation. But they also learn how to approach speakers, how to write letters, and how to write objectives... I said why don't you pick that and do a research study on it? And so some of the stuff that we've identified as needs are practice needs. We've been able to tap into these people, and say I'll help you find a project, do you want to help? And it has sparked interest amongst a lot of the staff. (Int. 4, pp. 8, 19)

Facilitation of learning experiences and opportunities as an essential role component was summarised by a clinical nurse educator:

I think definitely a facilitative role, helping to facilitate the staff either, to do their day-to-day tasks that they need us to help them with or even outside that, you know to do academic things, to help them identify maybe what they want to do to go back to school, to provide them with the resources to do that. I think it is an essential role. Certainly in the unit, it is very non-specific in its function, though, in the sense that there are many tasks. (Int. 2, p. 4)

Facilitation within the clinical nurse educator role encompassed the addressing of learning needs, assistance with continuing education projects, and communication with staff nurses.

Relationship with Staff Nurses

Both educators and staff nurses reflected upon the diversity of relationships that clinical nurse educators shared with the nursing staff. They noted that the relationship was influenced by the nature of the clinical unit, but that it often involved encouragement and rapport. Certificates of attendance at workshops formalised evidence of staff nurse participation, while communication memos facilitated interactive dialogue between educators and staff. Distribution of workshop certificates of attendance by clinical educators encouraged a positive relationship with staff in support of professional portfolio requirements (Document 12, p. 2). Communication memos with staff encouraged an interactive relationship with the clinical educators and reinforced their availability to staff (Documents 1-4, p. 5). One educator commented that “my clinical expertise would vary from unit to unit. So I think each unit and the relationship depends upon that” (Int. 4, p. 5). Another educator noted:

I think it's variable. There's a huge volume of staff, when we're just talking of nursing alone, there's over 240 staff. And I'd have to say it's probably a variable relationship. I think that in some cases it's just a working relationship. It's very professional; it's very business. In some cases, because I worked there as a staff nurse, it's a social relationship, as well as a working business relationship.

(Int. 2, p. 5)

Relationships varied significantly, ranging from a close relationship with staff within a unit to one that was more distant. One staff nurse commented, “the clinicians being as open and approachable and supportive as they are, certainly makes a difference, and they have a high profile in our unit. They are always available” (Int.1, p. 6). One of the educators reflected:

So I think that not expecting everyone will be your best friend either, but at the same time, at least having that working business relationship with people is necessary. And they need to feel comfortable with you if you are going to be able to help them, and feel that they can come to you if they need assistance.

(Int. 2, p. 6)

Staff nurses commented upon the consistent encouragement that they had received from the clinical educator with whom they were working and the positive influence that encouragement had on them. One nurse commented:

Well I think that if it weren't for some of the educators that we have had in my experience...there wouldn't have been an interest in pursuing some of these things, maybe that's a subjective thing. I'm not sure, but there has always been a rapport that I have had with the clinical educators, already, from well, day one.

(Int. 3, p. 13)

Interestingly, at least one of the educators had experienced some frustration when staff nurses treated her differently once she had taken on the clinical educator role. She remarked:

One of the biggest struggles I think of this role is getting and maintaining credibility as a clinician. It's something I'm very interested in, is trying to

understand how that relationship changes when you go from being a staff nurse to an educator. And it seems to be from some of the staff nurses, the perspective is, you've changed ships, you're not one of them. You are not the hard worker that maybe you were as a staff nurse. It doesn't matter if you had a good work ethic as a staff nurse, and you were a good peer to them in your role as a staff nurse.

(Int. 2, p. 18)

A diversity of role responsibilities may be one factor that contributed to these feelings.

Teaching Strategies

The data indicated that effective teaching strategies contributed to staff nurses' commitment to lifelong professional development. Observations of classes, a review of communication memos, and discussion regarding teaching strategies yielded information about the marketing of educational events, in-service sessions, workshops, educational resources, adult learning principles, clinical relevance, and collaboration between staff and clinical nurse educators. One of the clinical educators began her class by first assessing the knowledge base of the audience through discussion and directed her content according to the needs of the learner (Classes 1 & 2, p. 9). The other clinical educators provided many opportunities for the audience to share their own experiences or scenarios throughout the class which facilitated the interactive nature of the session (Classes 1 & 2, p. 9). Communication memos with staff reflected a teaching strategy used by one clinical nurse educator which encouraged sharing of knowledge base and problem solving in the clinical setting (Documents 1-4, p. 5). These components of the teaching strategy theme

overlapped in both staff nurse and clinical educator interviews and in the three sources of data.

The importance of marketing educational events and activities was stressed as a motivator for staff. One nurse commented:

The posting of educational events is highly effective. As I say, sometimes you may not even be aware of the messages getting through, but I think it does, because, in our nurses' lounge, the clinical educators keep a current posting of educational events. It's surprising, actually, how many people take those down and look at them and will avail themselves of whatever is available.

(Int. 1, pp. 18, 19)

Both staff nurses and educators stressed the importance of the in-service session as a teaching strategy that enhanced staff motivation to learn. An in-service session was described as a relatively short (15-30 minutes) educational opportunity that usually addressed a specific clinical issue within a unit setting. In-service sessions could be held in a conference room within the clinical setting or "room-to-room" in the patient care environment. One nurse noted:

In this clinical setting, I feel that the most effective and realistic way of getting education through to staff at this time, because of the staff shortages, the staff cutbacks, and the limited time that staff have to be able to remove themselves from their work area and go to what ever is going on . . . is the quick in-service where most people can get to. They get the information that they need that is applicable to it, if it's a new piece of equipment, etc . . . then I think the onus is on them to read up if they have to, or review at a deeper level, if they need to, on

their own time. But I think that the quick in-service is very, very, valuable. (Int. 1, pp. 16, 17)

Topics for these in-service sessions included practice issues, equipment updates, or organisational communication that contributed to the functioning of the unit. In-service sessions provided the staff nurses with an opportunity to meet with the educators and to obtain current information that was directly relevant to their clinical setting or that contributed to their professional development. One nurse noted, “I do believe that the quick in-service facilitates more staff learning than it has done mainly in the past, because we had more time [then] to attend a longer in-service” (Int. 1, p. 17).

Interestingly, brief educational sessions that were brought directly to the learner in the clinical setting facilitated staff nurse attendance, despite decreased numbers of staff and limited time available to attend educational events.

Educational workshops offered within the hospital environment by clinical nurse educators and health care professional staff were also identified as effective methods of presenting clinically relevant content to nursing staff. Staff nurses could be supported financially by their clinical programs to attend these events, although payment of tuition fees was not usually required. This support had been noticed by both clinical nurse educators and by staff nurses. For example, one educator commented, “They [the clinical program] are supporting a lot of people to come” (Int. 4, p. 12). Similarly a nurse reflected, “I think that there are certain classes that the clinicians offer that you can come to on your day off, and that is a very good review class, the hemodynamic review class, etc., that is really up to you” (Int. 1, p. 17). Participants noted that many staff nurses had

attended these workshops to extend professional competencies or to address a specific learning need.

Alternative learning resources such as videos, self-directed learning packages, and resource binders were identified by both staff nurses and educators as helpful teaching tools. Staff nurses appeared to appreciate these tools, as seen in the following comment:

I think that a book would be made available to you even if you could not come in, so therefore, that would also be a self-learning task. I think videos are good, because videos, if you can find some time in the daytime, the audio-visual way, you can take it home, access it that way. (Int. 1, p. 17)

An educator identified the following alternative approach to learning:

But we have staff that work nothing but straight nights and come to nothing. So, they can't have education at night, because they're too busy. So we found things like we try to leave them out things like resource binders, and articles, and we have no guarantee that they're motivated to look at them, or that they ever do look at them. But at least I feel an inner sense that I'm doing something for that group. (Int. 4, p. 8)

Educators noted that this strategy had helped them to fulfil their teaching obligation for those nurses who learned through processes other than attending classes or who worked shifts that did not easily facilitate class attendance.

Both educators and nursing staff identified the importance of nurses being approached as adults in their learning interactions, although this was particularly emphasised by the educators. Adult educational strategies were discussed by one educator:

I don't like to be a very didactic teacher. I tend to ask a lot of questions, and try to prod answers out of people. Sometimes it takes a bit of risk, because you don't want to make someone feel like they don't have the answer, but usually if you can help them along, and apply the previous learning. Or something that you're pretty confident that they have within their knowledge base that you can build upon . . . I very much like the strategy of leading people with anecdotes, little stories, or analogies. I just find people learn well by doing those kinds of things . . . I like problem-based learning. This is the scenario; this is what you came upon. How would you go about figuring out how to resolve the problem? (Int. 4, p. 7)

The other educator reflected on the importance of treating staff nurses as adults:

People are adult learners, and you have to treat them like that and, you have to be open and non-judgmental, and not consider yourself above the learner. I know that there are many people (in the clinical program) that know more about many things than I do . . . And certainly need to be acknowledged for that and utilised as well and rewarded for that. I try to build on their knowledge. I certainly don't want to imply that people don't already have a basis that they're working from. But at the same time, want to provide people with all the information that they need. And just try to teach them and treat them like adults, which they are.

(Int. 2, pp. 6, 7)

The use of clinical experience, problem-based scenarios, and analogies was considered to facilitate interest in learning. Although it was identified that one-to-one interaction with staff in the clinical setting was the preferred instructional strategy, this had become difficult to fulfil. One educator commented:

One-on-one, I mean, my favourite way would be to take someone into the unit, and actually work through something. Although just given the demands of the area, and the job that's very difficult to do now. (Int. 4, p. 7)

Participants emphasised that clinical expertise and application of adult learning principles must be integrated by the clinical nurse educator to maximise learning opportunities for staff nurses.

A constant theme mentioned during the interviews was clinical relevance. Of particular emphasis was the choice of topics that were meaningful and valuable to the learner. One educator commented:

Certainly trying to do anything that is too formal does not work well or something that is not applicable to the clinical area. I think when you struggle to do teaching around non-clinical type topics, be it change theory or team building, that always doesn't work well- if you try to separate the theory from the application with the staff. (Int. 2, p. 15)

Both educators remarked that presenting non-clinical topics that actively engaged learners was a difficult task.

Collaborative activities between staff nurses and educators were considered to be significant learning opportunities. Examples of collaboration between staff nurses and clinical nurse educators included joint planning of conferences and teaching of clinical topics at educational events. One educator noted, "I think tapping in to the people who are already showing interest in continuing education has been a wonderful strategy. I mean I haven't seen anything negative come out of that" (Int. 4, p. 21). Collaboration

between staff nurses and clinical nurse educators was an essential teaching strategy for clinical settings.

In summary, essential clinical nurse educator role responsibilities included expertise, continuing education support, facilitation skills, relationship with staff, and teaching strategies. These essential role components influenced clinical nurse educator effectiveness and subsequent interactions with staff nurses.

Role of the Staff Nurse

Data analysis revealed certain elements within the staff nurse role that influenced professional learning and clinical practice improvement. The research question that addressed this area was: How does the individual staff nurse contribute to a commitment to lifelong professional development? Within the staff nurse role, themes related to internal motivation, role modelling, autonomy, and professionalism were identified.

Internal Motivation

Internal motivation appeared as a recurring theme in the data. Both staff nurses and educators identified the need for individuals to take responsibility for their own education. One staff nurse stressed this point by stating, “I guess the only parting comment that I would make is that I would really reinforce education is your own responsibility. It is nobody else’s, and it is a necessary thing” (Int. 1, p. 19). Data indicated that motivated individuals had an internal desire to learn, and they were likely to maximise opportunities that were presented to them within the clinical setting. One nurse commented:

Well, a lot of my influences have been, I suppose, self-driven, but within the hospital system. When I first came into ward [X], I was immediately given the

opportunity to study up a little further on the E.C.G.'s and stuff to do telemetry, which as a fresh grad, that was a big thing . . . In some ways, it has mostly been internally driven, but the opportunities have always been there. I have been able to expand within the educational opportunities within each department. I have taken the opportunity. (Int. 3, pp. 8, 9, 10)

An educator noted:

I think we have always been taught that motivation is an intrinsic value. I don't know what motivates staff nurses to learn. The ones that come to us wanting to learn seem to be driven more internally than by us. (Int. 2, pp. 8, 9)

Internal motivation was seen to be instrumental in prompting staff nurses to go beyond minimal professional expectations and to seek knowledge through individual continuing education activities, both within and outside of the organisation. One educator summarised, "Somehow, we need to foster in people that need for personal commitment to education" (Int. 2, p. 16).

Role Model

Role models were identified as important individuals who contributed to the profession of nursing. It was interesting to note the presence of staff nurse informal role models in attendance of both classes (Classes 1 & 2, p. 9). Similar to the clinical setting, integration of role model scenarios demonstrating best clinical practice was often discussed by educators. Classes reinforced the concept of "best clinical practice" that could be shared with other health care professionals in the unit setting. For example, one nurse commented:

I have a sister in England who has been in nursing for 35 years. She keeps me in touch with what is going on over there, anything of interest, she will send to me. She has always been a great role model to me. And it's good to get information from another country to see what's happening within their nursing profession, etc. (Int. 1, p. 13)

The same nurse commented that “if they [other staff nurses] know that you're the type of person that is motivated to learn, they will seek you out, and it almost becomes a responsibility . . . ” (Int. 1, p. 10). Another nurse reflected:

We work well as a team in the unit. There is always enough of us to be able to deal with everything that does arise, but I would like to be one of the forefront people doing, you know, a little bit of everything, just like the rest. (Int. 3, p. 13)

Participants noted that an expected level of competence from staff peers exerted a subtle underlying influence on their motivation to learn.

Autonomy

Autonomy was identified as an important theme within the staff nurse role. Within autonomy, sub-themes included opportunities, assertiveness, support, and responsibility. Staff nurses demonstrated autonomy when they attended classes of their own choice and were recognised with certificates of attendance (Classes 1 & 2, p. 8). Staff nurses were acknowledged for taking initiative in continuing their own education outside of the clinical unit setting (Document 12, p. 2). One educator observed, “They want to get the skills to give them a little more clout if they have to bump into a clinical

area, or to show that they have had some initiative” (Int. 4, p. 16). The same educator reflected, “I think we really need to encourage people to think beyond the box and, if they take a risk, and do something differently, they can be rewarded for that behaviour” (Int. 4, p. 27). Participants believed that motivated staff took advantage of and accepted educational and career opportunities that were made available to them. One nurse noted:

I know that there have been some people who have realised that jobs are going to be threatened, and those people, at least some of the wiser ones, have taken the initiative to go to as many classes and upgrade their knowledge level, particularly, to be able to improve. But anyone that has taken some initiative has had opportunities put before them. (Int. 3, p. 18)

The same nurse commented, “. . . the (learning) experiences there did give me a bit of a jump on the other competitors, when there was some job openings available” (Int. 3, p. 3). Staff nurses who actively sought out career opportunities or advancements used educational resources and job experiences to facilitate the fulfilment of their individual goals.

Professionalism

Professionalism emerged as an essential element within the staff nurse role. The concept of professionalism within the staff nurse role encompassed themes of clinical competence, clinical practice improvement, continuing education, individual responsibility, role expansion, and professional accountability. Professional elements were observed in classes, workshop certificates of attendance, and communication memos with staff nurses. Many of the nursing staff attended the classes on their own time prompted by an interest in the clinical topic (Classes 1 & 2, p. 9). Workshop flyers

addressed a variety of topics that appealed to staff nurses committed to expanding their clinical knowledge base (Documents 5-9, p. 6). Certificates of attendance supported the staff in the demonstration of their fulfilment of professional portfolio requirements (Document 12, p. 2). Communication memos to nursing staff were often sent in response to the clinical practitioners at the bedside identifying clinical issues or concerns (Documents 1-4, p. 5). These activities and teaching strategies improved patient care and clinical practice by helping staff nurses to respond to constantly changing patient care needs with current knowledge. One staff nurse described her commitment to the profession of nursing:

The first thing I think that motivates me to learn is my tremendous love of nursing. Of being a nurse, just simply being a nurse. That's the first thing that motivates me because that is of the first and foremost importance is delivery of good patient care. And to deliver good patient care, you have to be current in your practice, and try to keep up as much as possible. (Int. 1, p. 5)

Another staff nurse noted, "I am interested in taking the [Community College] courses, I think I mentioned that, and that is something that I'm really doing to increase my own level of comfort with the care that we're expected to give" (Int. 3, p 13). All of these comments reinforced the significant influence that professionalism had upon the individual staff nurse role.

Summary

For the purpose of this research study, three questions framed the investigation of the elements that contribute to staff nurses' commitment to professional development: How does the environment contribute to staff nurse commitment to lifelong professional

development? How does the clinical nurse educator contribute to staff nurse commitment to lifelong professional development? How does the individual staff nurse contribute to a commitment to lifelong professional development? Essential themes and sub-themes identified throughout interviews with both clinical nurse educators and staff nurses are summarised in Table 2 (p. 67).

However, the data indicated that these elements did not operate in isolation from one another. Rather, these three sets of elements represented overlapping spheres of influence that mutually affected one another. For example, both clinical nurse educators and staff nurses work in constantly changing environments affected by external, organisational, and clinical influences. As suggested in the model, inherent within the staff nurse role are qualities such as internal motivation, role modelling, autonomy, and professionalism which are identified as elements that contribute to individual commitment to lifelong professional development. The fulfilment of this goal is maximised when clinical nurse educators fulfil areas of responsibilities including expertise, continuing education, facilitation, relationship with staff, and teaching strategies. These data suggest that staff nurses' commitment to professional learning is shaped by a partnership model that involves mutual influences among the environment, the clinical nurse educator, and the staff nurse (see Figure 1, p. 68). This model reinforces the interdependency of each of these areas of influence upon the attainment of individual commitment to lifelong professional development. Although the literature had identified many elements that facilitate motivation to learn, this model emphasised the absolute interactive relationship among the spheres in their influence on staff nurses' commitment to lifelong professional development.

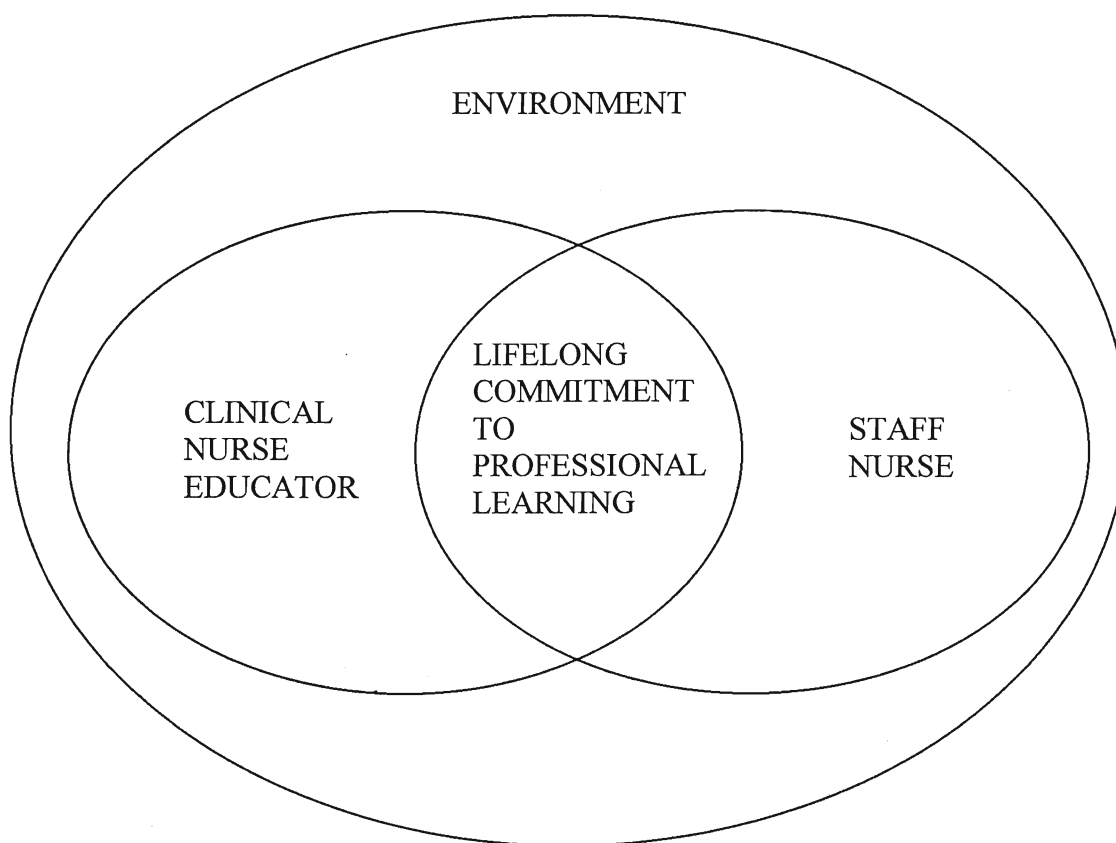
Table 2.

Elements that Contribute to Staff Nurses' Commitment to Learning

Area of Influence	Locus of Influence
Environment	External environment
	Clinical environment
	Changing environment
Clinical Nurse Educator	Expertise
	Continuing education
	Facilitation
	Relationship with staff
	Teaching strategies
Staff Nurse	Internal motivation
	Role model
	Autonomy

Figure 1.

Partnership Model of Professional Education for Staff Nurses



CHAPTER FIVE: SUMMARY, INSIGHTS AND IMPLICATIONS

This chapter presents the summary, insights, and implications of this qualitative inquiry. The summary section outlines the purpose, data collection methods, data analysis, and results related to this study. Following the summary, insights regarding study results and comparison to the literature review are discussed. Finally, implications for practice, theory, and further research are presented.

Summary of the Study

The purpose of this research was to identify elements that contribute to staff nurses' commitment to lifelong professional development. The following exploratory research questions assisted in the development of the study: How does the environment contribute to staff nurse commitment to lifelong professional development? How does the clinical nurse educator contribute to staff nurse commitment to lifelong professional development? How does the individual staff nurse contribute to a commitment to lifelong professional development? These qualitative research questions provided the focus and direction of the study.

Data collection methods included interviews, observation of classes, and collection of teaching documents. The interview participants included two staff nurses and two clinical nurse educators who were considered to be key experts in their roles. Observation of classes involved attending a class presented by each of the clinical nurse educators. Review of documents included teaching literature, workshop flyers, certificates of attendance, and communication memos used by the clinical nurse educators.

Data analysis was conducted deductively by comparing data units to themes from a pilot study; and inductively through constant comparison of individual data units. These analysis yielded themes and patterns of meaning. A review of health care teaching literature provided background theory regarding internal motivators, external motivators, the learning environment, teaching strategies and professionalism.

Within this qualitative inquiry, staff nurses' commitment to lifelong learning was influenced by three categories of factors: the environment, the clinical nurse educator role, and the staff nurse role. Environmental influences involved the external environment, the clinical environment, and the changing environment. Influences within the clinical nurse educator role included expertise, continuing education, facilitation, relationship with staff, and teaching strategies. Essential influences within the staff nurse role included internal motivation, role modelling, autonomy, and professionalism.

Insights

Many of the conclusions regarding internal motivators, external motivators, the learning environment, teaching strategies, and professionalism that had been identified in the literature were supported in this research study. Internal motivation has been considered to be one of the most essential components influencing motivation to learn. For example, Thurston (1992) recognised that nurses have to be highly intrinsically motivated. In this study, internal motivation emerged as an essential criterion for engaging in professional learning that would support a professional approach to patient care.

The most powerful external motivator cited in this study was the College of Nurses' mandatory requirement for registered nurses to demonstrate a commitment to

continuing education as a condition for licensure renewal. This result supports Urbano's (1988) observation that mandatory requirements prompt a larger array of professionally relevant, available educational offerings from which nurses can choose. In this study, internally motivated nursing staff did not require external motivators, as they already were involved in continuing education activities. However, licensure renewal requirements had established minimal learning standards for all practitioners, and had consequently encouraged participation in professional development by some staff nurses who otherwise had not been involved in continuing education.

In an elementary school setting, Mitchell and Sackney (1996) had noted the importance of an environment that motivates individuals to learn and that facilitates their learning. The notion of the learning environment emerged as an important element in this study. Data results indicated that dynamic, interactive patient care rounds were facilitated when each member took responsibility for their own learning, resulting in awareness of current patient care issues. Interestingly, this particular setting, because it was a teaching hospital, provided a variety of educational forums for staff nurses.

Cranton and Weston (1989) emphasised the importance of considering the audience and adult learner characteristics. Within a hospital setting, adult learners are the principal target audience for educators. Effective clinical nurse educators approach learning opportunities with staff nurses by acknowledging and building upon an existing knowledge base and by offering educational events that have meaning and relevance for the staff nurse. This study reinforced the concept that staff nurses are highly skilled and knowledgeable regarding clinical issues and should be respected for their contributions. As nursing is a 24 hour-a-day phenomenon, there are often situations in which staff

nurses cannot attend or be involved in educational events. Alternative learning resources such as videos, self-directed learning packages, and resource binders that contained current clinical literature were used extensively to provide alternative educational services for those staff nurses who were unable to participate in formal learning events. By honouring their work schedules and by providing useful and relevant literature, the clinical nurse educators demonstrated a respectful attitude toward these staff nurses.

The clinical nurse educators in this study used teaching strategies that maximised collaboration between the staff nurse and the instructor. These collaborative strategies were instrumental in enhancing motivation to learn. When clinical nurse educators worked with staff nurses who were highly motivated to become involved in clinical projects, outcomes were beneficial to both. Through involvement with clinical educators, staff nurses facilitated completion of their continuing education assignments. This study showed that clinical collaboration between staff nurses and the clinical nurse educator resulted in the fulfilment of clinical practice improvement objectives for the patient care unit and personal learning objectives for the staff nurse. In short, facilitation of these activities was identified as a significant element within the clinical nurse educator role.

McCrea (1989) states that registered nurses' primary motivational orientation to continuing education is the desire to improve or expand professional knowledge. Study results confirmed that the staff nurses were committed to continuing education and clinical practice improvement. Interviews indicated that when colleagues placed trust in their co-workers, many staff nurses felt compelled to maintain their trust by providing high standards of patient care.

Some surprises were found in this study. One particularly interesting result was that the clinical nurse educator's role involved facilitation, expertise, continuing education, and relationship with staff. The surprising aspect of the data associated with the clinical nurse educator role was the absolute essential nature of these components. This result suggests that the clinical educator significantly influences a staff nurse's commitment to professional development and clinical practice improvement within a unit setting.

Clinical educator expertise was essential for meaningful and valuable learning experiences for staff. As part of the learning environment within the clinical setting, credibility of the clinical educator facilitated staff learning and the addressing of patient care issues. Staff nurses needed to perceive the clinical educator as credible before they attached value to the learning process. Clinical nurse educators had a responsibility to be available to nursing staff in a clinical resource role.

Clinical nurse educators enhanced individual staff motivation to learn by serving as a support to those continuing their academic education. Both clinical educators had functioned in staff nurse positions prior to their role change, and they identified with many of the issues presented by staff. Both clinical nurse educators possessed a Bachelor of Science in Nursing degree, and one educator also possessed a Masters of Science in Teaching degree. Clinical nurse educators supported staff nurses in their commitment to continuing education by sharing strategies and insights gained through their own continuing education experiences.

It was imperative that the clinical nurse educator identified and adapted to changing working relationships with staff. As clinical nurse educators became affiliated

with a greater number of clinical units, the nature of the relationship reflected the learning needs of that unit. Collaboratively, staff nurses and educators defined the learning needs of the units and decided upon how they would be addressed. Staff nurses and clinical nurse educators stated the absolute importance of non-judgemental and accessible teaching approaches that fulfilled clinical and non-clinical learning needs. Relationships between educators and staff nurses varied depending upon the clinical complexity and competency of the unit, levels of motivation amongst staff, and the ability of the educator to be an accessible, approachable instructor. The interview participants confirmed that an essential component of the clinical nurse educator's role was the development of a relationship that encompassed accessibility and flexibility.

Another surprising result was the decisive focus on autonomy within the staff nurse role. Autonomy proved to be a driving force behind motivated staff and continuing education activities. Teaching strategies that facilitated career advancement or opportunities for staff nurses were identified as an element that enhanced staff nurse's commitment to lifelong professional development. Completion of continuing education goals allowed the nurse to possess credentials separate from their clinical setting that supported the possibility of career opportunities within or outside of the organisation. By gaining clinical expertise through educational activities, opportunities that encouraged staff advancement into complex clinical patient care areas or expanded nursing roles were facilitated by the clinical nurse educator. Autonomy was a core quality that motivated staff nurses possessed and that should be encouraged in all staff working in patient care areas.

The effect of the changing clinical and organisational environment upon the staff nurse and the clinical nurse educator was a further surprise in this study. Clinical units varied in their clinical learning needs depending on the acuity of the patient population and complexity of care. As the need for critical care skills increased, the motivation to continue clinical learning and professional development also increased. Continuing education and involvement with additional projects were now activities in which many staff members, who were also seeking different opportunities within the organisation, were engaged. Interestingly, although corporate support for education had taken a higher profile in recent times, inequities in staff support still existed between clinical programs. Adequate organisational support for continuing educational activities would encourage staff from all programs to become involved in learning opportunities.

Perhaps the most interesting result of this study was the discovery of a partnership model for professional development that linked the three spheres of influence emerging from the inductive data analysis. The focal point of the partnership model was commitment to lifelong professional development. Environmental influences as well as elements within the clinical nurse educator role and the staff nurse role interacted to contribute to the desired outcome of commitment to lifelong professional development. Data analysis revealed a pattern of overlapping influences which all contributed to the fulfilment of this phenomenon. Elements that contributed to commitment to lifelong professional development could not be investigated in isolation. Staff nurses were influenced by their environment and by the relationship that they experienced with clinical nurse educators. Throughout the data collection and analysis process, an underlying interdependence among the elements within each of the spheres of influence

became evident. A professional partnership model of collaboration between clinical nurse educators and staff nurses, with an awareness and integration of environmental influences, framed the foundation for commitment to lifelong professional development.

Implications

The results of this study have implications for practice, theory, and further research. Although some of the results from this study were similar to the concepts discussed in the health care teaching literature, additional insights can be helpful for educators in the consolidation and organisation of elements that contribute to staff nurses' commitment to lifelong professional development.

Implication for Practice

Findings derived from this research study can be helpful to the clinical educator in the assessment, planning, implementation, and evaluation of educational activities with staff nurses. Potentially, the clinical nurse educator could review the concepts and themes related to environmental influences, the clinical nurse educator role, and the staff nurse role prior to any educational activity. Consideration of these elements could improve content design and educational methodology throughout the entire educative process. By applying the principles of adult education, the clinical nurse educator can effectively integrate supportive elements into educational planning.

This study indicated that both staff nurses and clinical nurse educators have a professional responsibility to patient care and to professional development.

Acknowledgement and understanding of these sub-sets of responsibilities can guide strategies towards their fulfilment. Both educators and staff nurses fulfil their individual responsibilities to patients, families, and quality clinical care by optimising learning

opportunities within clinical settings that often demand velocity and value at the same time. Staff nurses can fulfil patient care responsibilities by addressing the following questions: Am I internally motivated in my commitment to professional development? Do I demonstrate professionalism in my approach to patient care and commitment to clinical practice improvement? Do I function in a manner that strives towards autonomy? Do I serve as a role model for my peers and co-workers? Clinical nurse educators can fulfil their role responsibilities by addressing the following questions: Do I possess expertise in my area of clinical responsibility? Do I actively support staff nurses in their commitment to continuing clinical and academic education? Do I facilitate staff in the collaborative completion of clinical unit projects and communicate in an open, respectful, and inclusive manner? Does my relationship with staff demonstrate encouragement and support? Do I employ effective teaching strategies which contributes to staff nurse's commitment to professional development? When clinical nurse educators and staff nurses approach their individual responsibilities by addressing these questions, the expected outcome will be improved patient care and professional development.

Included as a sphere of influence amongst the elements that contribute to staff nurse's commitment to professional development is the environment. Staff nurses, clinical nurse educators, and key stakeholder groups within a healthcare organisation need to be aware of these environmental influences. Those who influence the environment within a hospital setting should answer the following questions: In what ways does the external environment influence staff nurses and patient care outcomes? Are the needs of the clinical environment fulfilled in an acceptable manner? How can improvements be made? What are the effects of the changing clinical and corporate

environment upon staff professional development and patient care outcomes? These environmental elements influence staff nurses' commitment to professional development and must be considered by key hospital stakeholder groups.

Implications for Theory

The research findings have confirmed the importance of the consideration and integration of elements that contribute to staff nurses' commitment to lifelong professional development and clinical practice improvement. Environmental elements include the external environment, the clinical environment, and the changing environment. The clinical nurse educator role includes expertise, continuing education, facilitation, relationship with staff, and teaching strategies. The staff nurse role includes internal motivation, role modelling, autonomy, and professionalism. However, these three sets of influence do not operate in isolation from one another. Rather, they form a partnership model for professional learning. This model is a unique contribution of this study to the professional development literature. Influenced by a constantly changing organisational environment, both staff nurses and clinical nurse educators share responsibility for building learning opportunities, resources, and events that ultimately lead to improved professional practice and high-quality patient care.

In this study, commitment to lifelong professional development was supported by a dynamic interaction of elements between the staff nurses' environment, the clinical nurse educator's role, and their individual professional role. Through fulfilment of role responsibilities within each of these spheres of influence, commitment to lifelong professional development was maximised. Teamwork that integrated the spheres of influence towards the common goal consolidated the partnership model. This suggests

that successful teams involve members who fulfil individual role responsibilities but who are accountable and guided by a common goal. Their ability (or inability) to be accountable will influence the other elements within the partnership model, and the subsequent goal of commitment to lifelong professional development.

New concepts within the environmental influence of the partnership model were defined in this study. External environmental influences included professional practice reflection, professional affiliations, and overall job market. The clinical environment encompassed role models and educational rounds. The changing environment comprised complexity of clinical care, corporate philosophy, career advancement within the organisation, and clinical program equity.

New concepts within the clinical nurse educator role emerged from this study. For example, the notion of expertise involved availability to staff, clinical resource, staff career advancement, and credibility. Continuing education was encompassed within assistance to staff in academic pursuits and role modelling through personal academic continuing education activities. The role of facilitation was defined as communication with staff, and project co-ordination. The relationship with staff, although variable, involved encouragement and rapport. Effective teaching strategies included marketing of educational events, in-service sessions, workshops, educational resources, use of adult learning principles, clinical relevance, and collaboration with staff.

New concepts within the staff nurse role included internal motivation, role modelling, autonomy, and professionalism. Within the staff nurse role, individual responsibility was an influence upon internal motivation. Role modelling led to increased competence and support to peers. Autonomy encompassed opportunities, staff

nurse assertiveness, support, and responsibility. Professionalism was comprised of clinical competence, clinical practice improvement, continuing education, individual responsibility, role expansion, and professional accountability.

In summary, new concepts within the environment, the clinical nurse educator and staff nurse roles and responsibilities were identified as a result of this qualitative inquiry. Many elements that contributed to staff nurses' commitment of lifelong professional development had been identified in the literature. In addition to these elements, this study indicated that there are essential roles and responsibilities that staff nurses and clinical nurse educators should integrate into their practice to improve patient care. It can be speculated that a dramatically changing external, clinical and organisational environment will demand accountability from clinical nurse educators, staff nurses, and key stakeholder groups. Through identification of external influences and role accountabilities that influence individual staff commitment to professional development, clinical nurse educators can plan teaching strategies that integrate these concepts within a partnership model of collaboration.

Construction of a nursing theory for education could be based upon the partnership model presented in Figure 1 (p. 68). In the centre of the model is the expected outcome of commitment to lifelong professional development. Essential for achievement of that goal is the partnership model among the environment, staff nurses and clinical nurse educators. Staff nurses and clinical nurse educators are dependent upon one another for fulfilment of their individual responsibilities. Surrounding this collaborative relationship are all of the previously mentioned environmental factors,

which will influence the attainment of the professional development goal. The desired outcome directly affects patients and families within the acute care hospital setting.

This nursing education model provides a basis from which clinical nurse educators can approach staff nurses and learning needs. Assessment, planning, implementation, and evaluation of educational activities can be analysed with this foundational model. By specifying individual role responsibilities and motivating factors, fulfilment or lack of fulfilment of professional development responsibilities can be better understood. Clinical nurse educators, staff nurses and administrators can determine the influence of each of these areas upon commitment to lifelong professional development within their own settings.

Implications for Further Research

The results of this study provided some interesting insights into continuing education for staff nurses, but it also raised a number of unanswered questions that could be examined in further research initiatives. One particularly interesting question is that of the link between the changing organisational environment and a staff nurse's commitment to lifelong professional development. The following exploratory questions could assist in the development of further research regarding this topic. What is the nature of the relationship between the individual staff nurse and the changing organisation? How does the changing organisational environment affect the contributions that a clinical nurse educator can or does make to a staff nurse's commitment to lifelong professional development?

Further research is also warranted into the interactions and relationships between clinical nurse educators and nursing staff. Amidst hospital restructuring and redesign,

staff members are affected by the activities within the organisation. Consequently, the relationship between clinical nurse educators and nursing staff is also affected. The following exploratory research questions could assist in the development of further research into this issue: What factors influence the relationship between a clinical nurse educator and the staff nurse within a constantly changing environment? What factors within the clinical nurse educator and staff nurse relationship contribute to commitment to lifelong professional development? Linking a philosophical approach of service to the relationship between the clinical nurse educator and the staff nurse, needs are best met when participants are informed. By the relationship between educators and staff nurses, teaching strategies can support the achievement of commitment to lifelong professional development.

This study was conducted within an acute care hospital. It would be interesting to explore these questions in other contexts. Are the findings from this research study supported in another acute care hospital of similar size and organisational structure? Are the findings from this research study supported in a community hospital setting, where patient populations and organisational structure differ from the acute care hospital setting? Are there fundamental similarities or differences between other acute care and community hospital settings relative to staff nurses' commitment to professional learning?

To gain insights into institutional elements that contribute to staff nurse's commitment to lifelong professional development within a changing organisational environment, key administrators could be interviewed. Individual interviews could be conducted with the program directors from the same clinical programs where the study

participants worked. The vice president responsible for the clinical programs and the corporate education director for all staff could be interviewed. Finally, the president and chief executive officer of the corporation could be interviewed to provide additional insight.

Further exploration of this partnership model of collaboration could be focused upon the outcome of “best clinical practice.” This study identified the spheres of influence that contributed towards staff nurses’ commitment to lifelong professional development. Effective clinical educators and motivated staff nurses were interviewed to determine the elements that contributed to professional development. As a result of the study, the importance of the interaction of these elements upon professional development became apparent. Inherent within the research question was the assumption that commitment to lifelong professional development contributed to clinical practice improvement. Taking this research question one step further, the exploration of the interacting influences that contribute towards “best clinical practice” could be pursued.

When “best clinical practice” becomes the focal point of the research question, the three spheres of influence could be explored in one clinical program that demonstrates “best clinical practice.” Best clinical practice can be determined by outcome indicators such as hospital accreditation results; benchmarking of patient populations in comparison to other hospitals; and patient, family, and staff satisfaction. Further exploration of the unique interaction within a clinical program that demonstrates “best clinical practice” could provide further insight into intersecting spheres of influence. Based upon the findings from this study, a similar qualitative research inquiry could further explore the dynamic interaction and relationship of the environment, the

clinical nurse educator, and the staff nurse working within a clinical program that demonstrates “best clinical practice.” Interviews could be conducted with clinical educators, staff nurses and management within that clinical program to further explore the complex relationship of elements that contribute to clinical excellence. The teamwork or “chemistry” surrounding clinical programs that provide excellent patient care can best be explored by researching the specific dynamics within their clinical program.

Conclusion

Being an effective clinical nurse educator within an acute care hospital setting involves far more than simply the application of adult education principles into teaching strategies. It is dependent upon a complex and often diverse mix of influences and relationships. Inherent within the mix are individual role responsibilities that both staff nurses and clinical nurse educators must strive to fulfil. Surrounding this relationship are environmental influences that can enhance or suppress individual commitment to lifelong professional development. The exemplary clinical nurse educator strives to constantly explore and evaluate factors and strategies that can contribute to improved patient care. By providing a supportive service to staff nurses and by creating a climate that maximises learning opportunities, the clinical nurse educator indirectly provides service to patients and families. Fundamental to this approach is the belief that continuing education improves clinical practice. Collaboratively, staff nurses and clinical nurse educators fulfil their professional commitment to patients and families in achieving the “best clinical practice” within a constantly changing environment.

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Pilot Study: Clinical Nurse Educator Interview Questions

1. How do you see your role as clinical nurse educator within the Cardiac Care Program?
2. How would you describe your relationship with staff nurses in the Cardiac Care Program?
3. Is this relationship important, and why?
4. What teaching strategies do you employ in the Cardiac Care Program?
5. Why are these strategies important?
6. What factors motivate staff nurses to learn in the Cardiac Care program?
7. Describe strategies that you employ with your staff which enhance motivation towards learning.
8. Why do these strategies work?
9. What strategies have not been successful in enhancing motivation in staff? Why not?
10. What did you learn about these strategies?
11. What would you like to see happen in the future to enhance motivation

Research Study: Clinical Nurse Educator Interview Questions

1. How do you see your role as clinical nurse educator in your clinical program?
2. How would you describe your relationship with staff nurses in your clinical program?
3. Is this relationship important and why?
4. What teaching strategies do you employ?
5. Why are these strategies important?
6. Do you consider these strategies to be effective? Why or why not?
7. What factors motivate staff nurses to learn in your clinical program?
8. Are there influences in the hospital environment which enhances individual staff motivation to learn? If so, please describe.
9. Are there influences outside of the hospital environment which enhances staff motivation to learn? If so, please describe.
10. What strategies, if any do you utilise with your staff to enhance individual motivation towards learning?
11. Do you feel they are effective? Why or why not?
12. What strategies have not been successful in enhancing motivation in staff? Why not?
13. What did you learn about these strategies?
14. What would you like to see happen in the future to enhance motivation?

Research Study: Staff Nurse Interview Questions


1. What motivates you to learn?
2. Are there influences in the hospital environment which enhances your motivation to learn? If so, please describe.
3. Are there influences outside of the hospital environment which enhances your motivation to learn? If so, please describe.
4. What role do clinical educators play in professional staff development?
5. What would you consider to be effective teaching strategies in this clinical setting?
6. Identify 1-2 teaching strategies which enhances individual staff motivation to learn.



Brock University

Research with Human Participants

Extensions 3205/3127, Room C315

FROM: David Butz, Chair 
Standing Subcommittee on Research with Human Participants

TO: Dr. Coral Mitchell, Graduate/Undergraduate Education

FILE: 97-13 Leslie A. Gillies

DATE: October 21, 1997

The Brock University Standing Subcommittee on Research with Human Participants has reviewed the research proposal:

**Effective Teaching Strategies which Enhance Motivation Towards Learning
with Staff Nurses**

The Subcommittee finds that your proposal conforms to the Brock University guidelines set out for ethical research.

DB/tar

7 July 1997

[REDACTED]
Director of Education and Development
[REDACTED]

Dear [REDACTED]

This is a request to conduct research within the [REDACTED] Corporation, for the purpose of thesis completion within the Master of Education program at Brock University. This study is being undertaken to describe and understand teaching strategies employed by the clinical nurse educator, to enhance motivation towards learning, for staff nurses within an acute care hospital. Factors which motivate the individual to continue their education for professional development and clinical practice improvement will be explored. Effective clinical teaching acknowledges and incorporates factors which enhance individual staff motivation to learn.

Permission is requested to conduct research interviews with two nurse clinicians and staff nurses. Observation of classes and document retrieval will also be required for data collection. Interviews and observations will be tape-recorded for subsequent data analysis. Individual clinician and staff consent will be obtained prior to interviewing and observation of participants. Patient contact or interviews will not be required as the focus of this research is the interaction between the educator and staff.

This research study will be conducted in an ethical and confidential manner. I thank-you for your consideration of this request, and look forward to your response.

Sincerely,

Leslie Gillies

Leslie Gillies

Education and Development Nurse Clinician
[REDACTED]

MEMO

TO: Brock University Ethics Committee

FROM: [REDACTED]
Director of Education and Development
[REDACTED]

DATE: 8 July 1997

RE: Leslie Gillies - M.Ed Candidate
Thesis Research - Effective Teaching Strategies to Enhance
Motivation Within Staff Nurses

This is a confirmation of permission for Leslie Gillies, Education and Development clinician, to conduct her thesis research at the [REDACTED] Corporation. Permission is granted to conduct research interviews with other clinicians and staff participants and observation of classes as required. Individual clinician and staff consent will be obtained prior to interviewing/observation. Patient contact or interviews will not be required as the focus of this research is the interaction between the educator and staff.

I support Leslie Gillies in her research and am confident it will be conducted in an ethical and confidential manner.

[REDACTED]

[REDACTED]
Director of Education and Development
[REDACTED]

[REDACTED]

October 1997

M.Ed. Research Study Participant
[REDACTED]

Dear Colleague,

As part of the requirements for the Master of Education degree from Brock University, I am conducting a research study here at the [REDACTED] Corporation [REDACTED]. The purpose of this study is to describe and understand teaching strategies employed by the clinical nurse educator to enhance motivation towards learning, for staff nurses within an acute care hospital setting. Factors which motivate individuals to continue their education for professional development and clinical practice improvement will be explored. During the study you will be involved in interviews, observation of classes, and review of teaching documents by the researcher. Your participation in the study is voluntary. At any point during the study, you have the right to withdraw without penalty. Anonymity of participants shall be maintained during reporting of data. The valuable information that you share concerning motivation and learning, effective teaching strategies, professional development, and clinical practice improvement will be strictly confidential. At no time will other employees of the [REDACTED] see original raw data from interviews, observations or document retrieval. Confidentiality of individual comments will be maintained during data analysis.

Attached are the interview questions which will be posed to you for the purpose of collection of data. Prior to initiation of interviews and observations, your signature will be required on the Informed Consent form for involvement in the study. Upon completion of the study, a copy of the findings will be given to [REDACTED] and made available to the entire staff for review.

Thank-you for your assistance and unique contribution. If you have any questions concerning the study, please contact me at extension 6323 or Dr. Coral Mitchell at (905)688-5550, extension 4413.

Sincerely,

Leslie Gillies

Leslie Gillies

Education and Development Nurse Clinician
[REDACTED]

BROCK UNIVERSITY DEPARTMENT OF
GRADUATE AND UNDERGRADUATE
STUDIES IN EDUCATION

Informed Consent Form

Title of Study: "Effective Teaching Strategies Which Enhance Motivation Towards Learning With Staff Nurses"

Researchers: Dr. Coral Mitchell and Leslie A. Gillies

Name of Participant: _____

I understand that this study in which I have agreed to participate, will involve the exploration of the relationship between nurse educators and staff working within an acute care hospital, and factors which enhance motivation to learn. I understand that an interview will be conducted in which I will respond to questions regarding motivation and learning. I understand that conversation will be tape-recorded, and notes taken during interviews and observation of classes.

I understand that my participation in this study is voluntary and that I may withdraw from the study at anytime and for any reason without penalty.

I understand that there is no obligation to answer any question/participate in any aspect of this project that I consider invasive.

I understand that all personal data will be kept strictly confidential and that all information will be coded so that my name is not associated with my answers. I understand that only the researchers named above will have access to data.

Participant Signature _____ Date _____

If you have any questions or concerns about your participation in the study, you can contact Leslie A. Gillies at extension 6323 or Dr. Coral Mitchell at (905)688-5550, extension 4413.

Feedback about the use of the data collected will be available during the month of April, 1998, in the _____ Corporation. A written explanation will be provided for you upon request.

Thank-you for your help! Please take one copy of this form with you for further reference.

* * *

I have fully explained the procedures of this study to the above volunteer.

Researcher Signature _____ Date _____